STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11800 N.H.Ave. S. S.Md.

43	43	0	0	10	Page 1	4 4
0	La	2	7	2	3	1

250. DATE OF THE PROPERTY OF THE PROPERTY SIGNATURE

	REGISTRAR			CEKIIF	ICAIL OF DEATH	REG. NO.		
	ECEASED NAME FIRST	0	IDDLE	1	AST	20. DATE OF DEATH MONT	TH DAY YEAR	26. HOUR
	John	P.		Haa	MS	11-24-	.89	110 6
3. SE	M	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAY	
	sirthplace (State or Foreign ashington, D.C.	76 CITIZEN OF W	VHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED KK	9 BALTIMORE CITY OR CO Montgome		
1	Bethesda	Subu	chan -	DOSTI	DA)	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK Adm. C		OF BUSINESS (
13a.	STATE Md. 13b COL	IR OTHER INSTITUTION, C INTY ONE	Bethesd		134. INSIDE CITY LIMITS?	13e STREET ADDRESS 4740 Bradle	y Blvd.	
	ATHER'S NAME Thomas	WIDDLE	Adams		Beatrice	ME MIDDLE	Wilson	LAST
16a. \	WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)	166 SOCIAL SECU 579-24-1		Robert Adams	(Brother)2303	-3/1	
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one cause per li SED BY: ATE CAUSE (a)	Caru		matosi	Hyattı つ	BETWEE 2	EN ONSET AND DEA
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	(b)	AS A CONSEQUE	gne	nt mal	onone	7	yrs
CERTIFICATION	PART 2 OTHER SIGNIFICANT CUT CUT 190 DATE OF OPERATION	no of	Bla	elcl	NOT RELATED TO THE TERM N WAS PENFORMED	No. AUTOPSY? 206.	ON GIVEN IN PART IF YES, WERE FINI CERTIFYING CAUS YES	DINGS USED
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D I FEITHER NOTIFY MEDICAL EXAMINATION OF COURRED	EAIR	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN II		
ME	WHILE NOT WHILE AT WORK		ET, FACTORY, OFFICE, F	ARM. ETC)	STREET	CITY OR TOWN	COUNTY	STATE
	saw the deceased alive a obove, (1) (we) (did) (did.	n le le	8 - 19	, 01	nd that in (my) (our) opinion	death occurred on the date of	nd hour and from t	_, that (I) (we) the causes stated
	22b. SIGNATURE	1 V.C	solve		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF BIRECTOR PHYSICIAN	1	TE SIGNED
	Jerem		OOKR		10400 C	my Awa	Kons	metor
	BURIAL, CREMATION, REMOVA	236. DATE 11/29/		dar H	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Suitland	PC	STATI

BP DHMH - 16 50M 4/82 (VRA 15, 4)

24 Hines 7 Kinaldi

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 shwith the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

etoined by the hospital or attending physician.

rector, page 3

. The first of the second seco

	I. DEC	STATE REGISTRAR EASED NAME ORPRINT) FIRST ORPRINT)	MIDDLE	CERTIFICATE OF DEATH	REG. NO	
*	3. SE		1. RACE Black	5. DATE OF BIRTH MONTH / 19 / 22	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS
136	1	Plaryland	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Monto	R COUNTY OF DEATH
85	RISIT	ockwille	Shades Gr	owe Adventith	120 USUAL OCCUPATION OF THE CHARLES	
1997	13a. S	TATE 136. COU	TOTHER INSTITUTION GIVERES SENCE BEFORE 13 C. PORTOW 13 C. PORTOW	13d. INSIDE CITY LIMITS? YES NO [] 15, MOTHER'S MAIDEN NA		more Ave #
151		Norah (AS DECEASED EVER IN U.S. AR	AddISON LAST RMED FORCES? 166. SOCIAL SECU	Alcine	MIDDLE	tor LAST
naval.		es, ngo unknown) (IF YES, GI	VE WAR OR DATES!	0698 Kenneth A	ddison(sor	SAME AS #
nen piedse remove cordan to burial, cremation, ar rem injury, ar ather troumatic ew	NC	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO		inal disease or cont	DITION GIVEN IN PART 110
ws ony	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FORWHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES \ NO \[
Mental Hy	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	HOUR A.M. MONTH DA	19 211. LOCATION	RED (ENTER NATURE OF INJUR	
of Health and	V		ital) attended the deceased fram	10/3 19 82		te and haur and from the causes st
e Stote Dept.			r MD	PHYSICIANI	DIRECTOR PHYSIC	IAN 1 1/15/84

Bearing and the Committee of the Committ 53 362 VI 14 The state of the s And a standard to the form of the standard of the photology of the second of

1	D	
s	10	
7		
	+	HO.

STATE OF MARYLAND

9 5 3 2

FOR STATE REGISTRAR		DEP	DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH				
EASED NAME	FIRST	MIDDLE	LAST	20			

- STATE REGISTRAR	CER	TIFICATE OF DEATH	REG. NO.	
DECEASED NAME FIRST (TYPE OR PRINT) GORDO	MIDDLE L.	LDRICH	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		TE OF BIRTH ONTH DAY YEAR 1y 11, 1919	6. AGE (IN YEARS LAST BIRTHDAY) 63 YR	
Wash., D.C.	U.S.A. WIDO	RRIED NEVER MARRIED DWED DWORCED	9 BALTIMORE CITY OR COU	MD.
Rockville	NAME OF HOSPITAL, NURSING HOALIF NOT IN SUCH FACILITY OF STREET ADDRESS POTOMAC VALLEY	Nursing Cent	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Stationa:	12b. KIND OF BUSINESS OR INDUSTRY Engineer
JSUAL RESIDENCE (IF NURSING A DIMEOR OF STATE Programme)	//\\ = 1 = = = = 101.	YES NO NO	13. SIREEL ADDRESS 6616 - Gude	Avenue
FATHER'S NAME FIRST Gordon	Aldrich	15. MOTHER'S MAIDEN NA	™E MIDDLE	Lattin
WAS DECEASED EVER IN U.S. ARME (YES, NO OR UP YNOWN) (IF YES, GIVE V	D FORCES? 166 SOCIAL SECURITY N 579-01-231		Aldrich (Wif	Same as e) above
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	1 14 / 1 / 1 / /	DF .	LING DISE	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
	NOITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM		GIVEN IN PART TIG
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPERA		YES NO NO IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		19	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION		COUNTY CALL

NOT WHILE

22.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an abave, (I) (we) (did) (did not) view the bady after death.

WHILE

and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated

23b. DATE

12-3-82

22e ADDRESS

Wash. Cem.

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR | PHYSICIAN | 22c. DATE SIGNED

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

Adelphi

Pr. Geo.

Md . STATE

230. BURIAL, CREMATION, REMOVAL Burial DHMH - 16-50M 4/82

(VRA 15, 4)

74 FUNERAL DIRECTOR
NAME
Nalley's F.H.Inc. Mt. Rainier, Md.

Geo.

DEC 6

The best of the second of the the time to be to a standard of the the transfer of the transf the state of the s missing . evens for the main day of even a single or even the self the first and the self the self Faniley's F. B. Luc. Dec. Manager, 1st. U.S. to William Community

BP

DHMH-17 (VR A15 ME (5)) 15M 2/80

	1 - 3	OR STATE REGISTRAR			DEPARTMENT	OF HEALTH	MARYLAND HAND MENTAL H CERTIFICATE C	47.0	_	REG. NO	9	j	3	8
		EASED NAM	E FIRST	ES	CLINTON	AI	LEN	20	DATE NOF	KNOWN P		-0	YEAR	PMOUR
	3 SEX	ale	4 RACE White	5. DATE OF BIRTH	6. AGE (DER I YR. IF UNDER		C DATE RONOUN DEAD		mher	DAY	YEAR	PM COR
7	7a. BIR	THPLACE (S EIGH COUNTRY) EORGIA	TATE OR	76. CITIZEN OF WE	S. A.	8. MARR WIDOW		ED 🗆	Mont	ORE CITY O	V COUN			MD.
3	Si	vortown Iver Sp	oring	Holy Cr	PITAL, NURSING HI CILITY, GIVE STREET ADDRI OSS HOSPI	tal	IER INSTITUTION	FOR MC	AL OCCUP OST OF WORK MANDE		F OF WORK	OR	S. N	
	Mar Mar	yland	MONTO		13c. CITY OR TOW Silver	/N				ss Unive	rsity	_ B1	vd _{i.} .(West
0	CI	THER'S NAME	CI	CERO	A'L'EN		15. MOTHER'S MAIDE SALLY	ENNAME		DDIE		IDER.	LAST	
		S, NO, OR UNKNO	D EVER IN U.S. ARM (IF YES, GIVE V 1932-	NED FORCES? VAR OR DATES) 1963	224-52-		SIDELE A	LLEN,	1111 SILV	UNTV ER SP	ERSIT RING.	ry Bo	OULE	VARD, W
		PARTIDE 42 Canditian gave ri	IMMEDIATI ns, if any, which se to immediate stating the under-	BY: E CAUSE (α) DUE TO, OR	far (a) (b), and (c). AS A CONSEQUEN AS A CONSEQUEN	te /	Nyec	22.		1	7is	AP	PROXIMATE	
	CERTIFICATION	PART 2 OTHER SI	OPERATION V	196 CONDIT	BUT NOT RELATED TO THE		E OR CONDITION GIVEN IN PA	RT 1 (a)					UTOPSY	Am
5	CERT	210 EXTERNA	ALCAUSE WAS	21b. TIME OF	MONTH DAY	21c. H	OW INJURY OCCURRE	D (ENTER NA	TURE OF INJU	JRY IN ITEM 18	PART 1 OR PA		ES L	NO UD

MEDICAL CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220 I certify that I took charge of the remains described above, held an Inspection Autapsy and in my apinion death resulted fram: Natural causes Accident Undetermined manner TITLE (SPECIFY) ACTUAL SEMINARY ROAD 1919

ADDRESS

BURIAL

230 BURIAL, CREMATION, REMOVAL 236. DATE

EXAMINER'S NAME

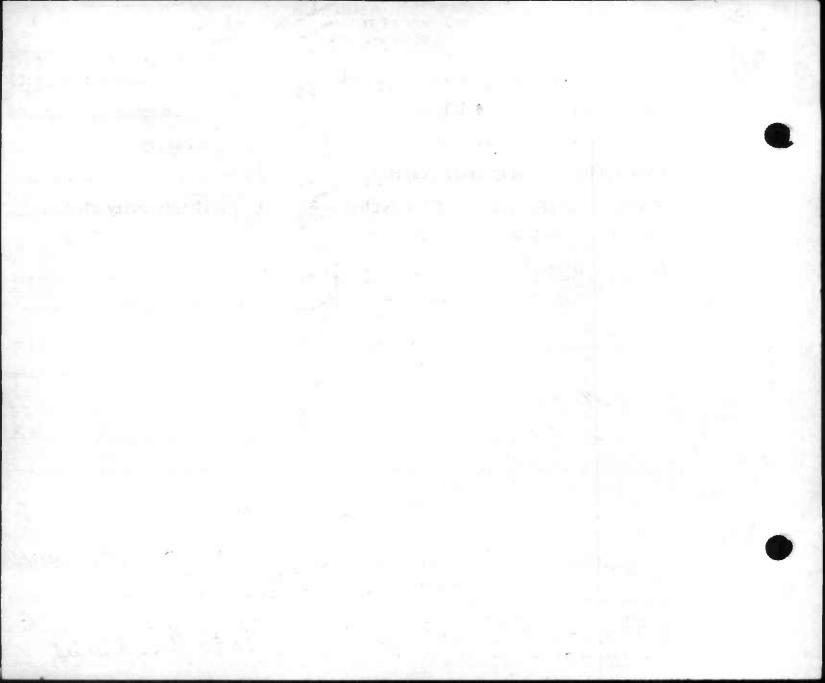
(TYPE OR PRINT)

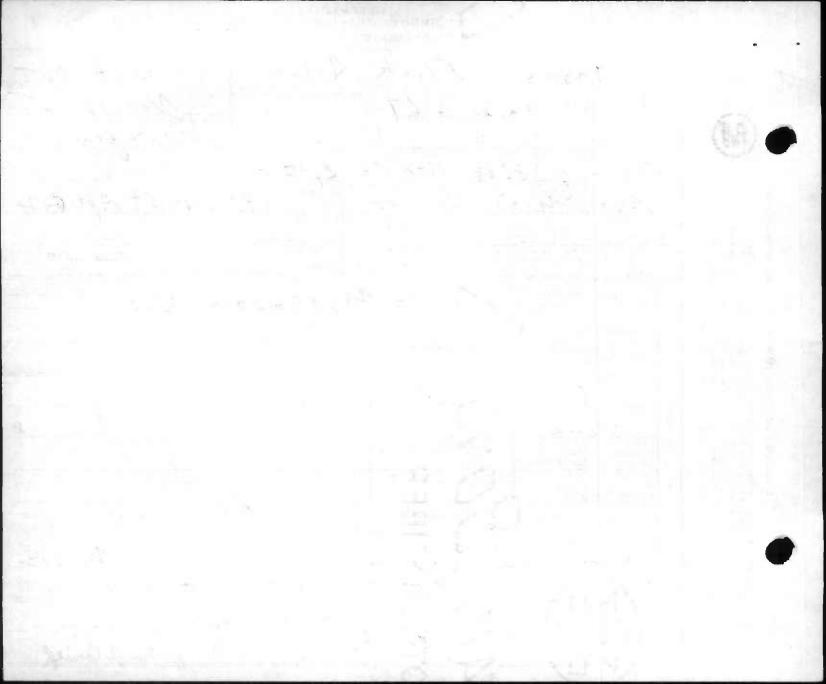
JOHN S. ROGERS, M.

SILVER SPRING MARYLAND 23d LOCATION

COUNTY STATE

CEMETERY ARLINGTON,
DATE REC'D. BY REGISTRAL R 11/26/1982 24 DOMAYDEMOR STEIN HEBREW MEMORIAL FUNERA 232 CARROLL STREET, N. W., WASHINGTON,





1	25
	deoth. Page 4 may be
AND 21201	n 24 hours after death. Page 4 i

poge 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	2	2	9	j	4	

1.	FOR STATE REGISTRAR		DEPART		HEALTH AND MENTAL HYG	IENE 8 2	0.	9 0	et al	U
	CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOU	R
,		KEMPER A	LLER			NOVEMBER 4	1982	No.	6:27	a _M
3. SE	X	4 RACE		5 DATE		6. AGE (IN YEARS LAST BE		INDER 1 YEAR	IF UNDER 2	24 HRS
	MALE	CAUCA	SIAN	AUGU	JST 2 1921	61	YRS.	THS DAYS	HOURS	MIN.
7 i. Bi	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D X NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	DEATH		
PE	NNSYLVANIA		STATES	WIDOWI	ED DIVORCED	MONTGOME	RY			MD.
1	THESDA	(IF NOT IN SUC	HOSPITAL, NURSIN THE FACULITY, GIVE STREET AL HOSPIT	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O RETIRED		126 KIND OI INDUSTRY USM		SSOR
13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL		JACKSON	'N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 5501 BURD	ETTE ROA	AD		
	ATHER'S NAME FIRST WALTER WILLIAM	ALLER	LAST		15. MOTHER'S MAIDEN NAME FIRST MINNIE K	MIDDLE		(ASI	I	5
	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDR	ESS		4.0	
		9-1960	176-32-3	3472	BONNIE MELRA	E ALLER, 5	501 BURI	DETEE	ROAD	,
NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(b) DUE TO, O	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN	IN PART 110	2 '	
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WIN CERTIFYIN	G CAUSES		H?
MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	AIN	M. MONTH DA	AY YEAR	211 HOW INJURY OCCURR			.7	10	
WEG	WHILE NOT WHILE AT WORK	(AT HOME STI	REET, FACTORY, OFFICE, F		STREET	CITY OR TO		COUNTY	ST	TATE
	220.1 certify that (I) (this hose saw the deceased alive a obove, (I) (we) (did) (did not have a saw that a saw the deceased alive a obove, (I) (we) (did) (did not have a saw that a saw t	n NO VEM ot) view the body COR PRINT)	e deceosed from G BER 4 19 5 ofter death.	32	DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR DHYSIC HOSPITAL,	ote and hour an	22c. DATES	6IGNED	ted
	BURIAL, CREMATION, REMOVA SPECIFY) Burial		23c P		emetery or crematory on National	23d LOCATION Arlingto			n, Va	â [™]

DHMH - 16 50M 1/B1 (VRA 15, 4)

etoined by the hospitol or TO FUNERAL DIRECTOR.

BP

O HOSPITAL

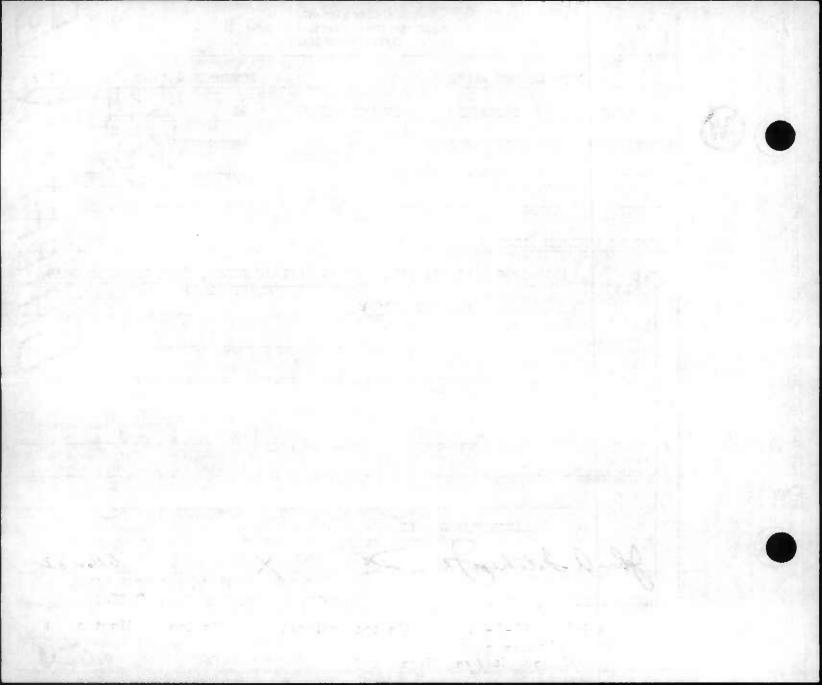
the buriol-tronsit permit. Then please and Mental Hygiene prior to buriol, cr

should be detoched for use as

IMPORTANT: If Item 21 is

24 FUNERAL DIREGIORW Chambers Co 8655 Georgia Ave, Silver, Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



FOR 1 - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rgiene 3 2 REG. NO.	9 5 4	i
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOU	JR
	LES CARTER ANDERSO	ON	NOVEMBER 15 19	82 12:2	1 P
3 SEX MALE	4 RACE CAUCASTAN	5 DATE OF BIRTH MONTH DAY YEAR MAY 24 1897	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER	MIN.
7a BIRTHPLACE (STATE OR FOREIGN COUNTRY) WASHINGTON			9 BALTIMORE CITY OR COUN		MI
BETHESDA		NG HOME OR OTHER INSTITUTION TADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Rear Admiral	12b. KIND OF BUSINE	ESS OR
USUAL RESIDENCE (IF NURS 130. STATE	OLUMBIA	RE ADMISSION)	13e. STREET ADDRESS 2710 35th PLAC		
ROBERT JAMES	ANDERSON LAST	FIRST	USTA CARTER	LAST	
	S. GIVE WAR OR DATES)	URITY NO. 17 INFORMANT 5-3898 GUINEVERE	ADDRESS L. GRIEST, 2710	35th PLACE,	NW
PART I. DEATH WAS CA	er only one couse per line for (a), (b), or USED BY DIATE CAUSE (a) CARDIAC	(12101121101011)	DC 20007	APPROXIMATE INTER BETWEEN ONSET AND	DEATH
Conditions, if ony, which gove rise to immediate couse (o), stofting the underlying couse lost	DUE TO, OR AS A CONSEQU	ARTERY DISEASE	AND CONGESTIVE H	EART FAILURE	
	NT CONDITIONS CONTRIBUTING TO	<u>DEATH</u> BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION (SIVEN IN PART 110	
IN DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	TIFYING CAUSES OF DEAT	H?

19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
			YES X NO	YES X	NO [
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJ		JRY IN (TEM 18 PART 1 OR PART 2)		
21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION				
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE, FARM ETC.)	STREET	CITY OF	R TOWN COUN	TY STATE	

sow the deceosed olive on NOVEMBER 15 obove, (1) (we) (did) (did not view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 16 NOV 1982

WAN MECC

NAVAL HOSPITAL, NAVAL MEDICAL COMMAND,

MICHAEL M. VAN	NESS, LI,	MC, USNR	NAVAL	CAPITOL	REGION,	BETHESDA	, MD	20814
30 BURIAL, CREMATION, REMOVAL	23b. DATE NOV.	23¢ NAME OF			23d LOCATION			
Cremation	17, 1982	Metropo	olitan (Cremator	y Alexa	ndria, Vi	rgin	ia

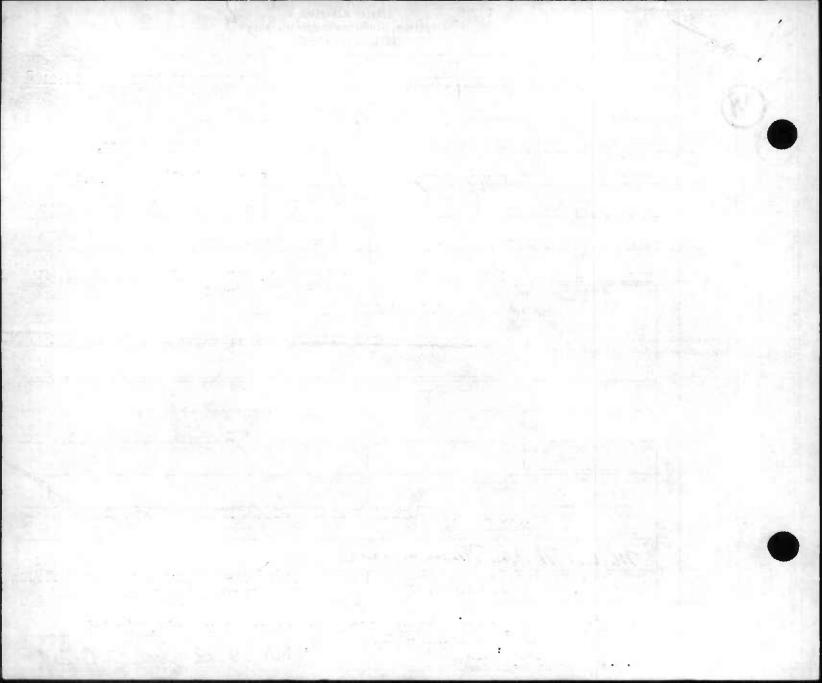
Metropolitan Crematory Alexandria, Virginia 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, 25 Bethesda, Maryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

O FUNERAL DIRECTOR: lould be detoched for us iff the Stote Dept. of He

PORTANT: If Irem 21 is

MEDICAL CER



Poge 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9

1 -	REGISTRAR				CERTIF	ICATE OF DE	EATH	REC	. NO.			
	CEASED NAME	FIRST	F 1	MIDDLE	l.	LAST		20. DATE OF DEAT	H MONTH	DAY YEAR	2h HOUR	
(,,,,,	ORPRINT	Rudolp	h	Charles	A	Andy			Nov.	11 198	32 7:35	A.
3. SE	Male		4. RACE	White	5. DATE O	H DAY	YEAR 1925	6. AGE (IN YEARS LA	ST BIRTHDAY) YRS	MONTHS DAY		HRS VIN.
	RTHPLACE ISTATE COUNTRY) St Virgi			OF WHAT COUNTRY	/? 8. MARRIE WIDOWE	D X NEVER M.	ARRIED -	9. BALTIMORE CIT	Y <u>OR</u> COUN			MD.
10. CI	TY OR TOWN OF	DEATH	11. NAME C	OF HOSPITAL, NURS	ING HOME C	OR OTHER INSTI		120 USUAL OCCU	PATION OST OF WORKING	12b. KIND INDUSTR	OF BUSINESS Y	OR
USU/ 130. S Ma	ryland		ITY	on GIVE RESIDENCE BEFO 13t. CITY OR TO Silver	ORE ADMISSION)	13d. INSIDE CIT	NO 🗆	Clerk Sa 13e STREET ADDRE 1700 Mt.	SS		2090	
4. FA	THER'S NAME FIRST Josep		MIDDLE	Andy		F	est atha	MIDD	l E		AST	
	VAS DECEASED EV	VER IN U.S. AR	MED FORCES E WAR OR DATES N/A			17. INFORMAN	NT .	Andv-wife	DDRESS			i j
		immediate toting the ouse lost.	(b) DUE TO	OR AS A CONSEG	S F)	otic		I Cardi		3	Luca.	hs
CERTIFICATION	190. DATE OF OPE	with	res	Laroz	is ev	IL a	-mad	200 AUTOPSY?	20b. IF Y	YES, WERE FINE TIFYING CAUS YES	PINGS USED	
MEDICAL CER	21g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY 21d. INJURY OCC	CAUSE OF DEA	HOUR 1 21e PLA	E OF INJURY A.M. MONTH P.M. CE OF INJURY . STREET, FACTORY, OFFIC	19	211 LOCATIO		RED (ENTER NATURE OF	I MATI MI YAULMI	8 PART 1 OR PART 2) STATE	E
W	22a. I certify tho	eosed olive on e) (did) (did na	(a) offended	the deceased from	B-AS	nd that in (my) (TENDING	, to	ne date and h	1982	_, that (△ (we)	lost
	278 PHYSICIAN	Ton A	R PRINT)	-chule	·	1299		ton Dr.,	Silver	Spring	, Md.	1

BP. DHMH - 16 50M 4/B2

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo etained by the haspital or ottending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the I should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or ather troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR Hines/Rinaldi Funeral Home (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

(SPECIFY) Cremation

23b. DATE

Nov. 12, 1982

FOR

11800 N.H. Ave., Silver Spr. Md.

Washington, DC DC DC 23c NAME OF CEMETERY OR CREMATORY
2 Lee's Crematory NOV 16 1982 Solu 2 Con

STATE

Mov. 11 - 101 7:35 A		ng/and)		
			0	202, 17, 541
Tork Sales Tadvelar Gifter	Ledky	opi woodi sigi		aniagh asvilla
1700 Hr. Piagel Land Hight	21	filver Spring	V. F. HOBSITA	hmsEgnall
- 633 m kg	93545A	L. I		HenoL.
(etl salents)-slaw-ghr	Josephine 1.	DIA-11-70	7 -	
. Nr. , Stavis S rejum, Nr.	Panagal 2:21			

Times/Risaldi Foneral Rome Silver Spr. No. | 48

STATE OF MARYLAND 1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

a Ma		0	473		A	
8	2	2	9	3	4	9
	DEC NO					

-	REGISTRAR				CERTIF	ICATE OF D	EAIH	REG. NO.				
1	1. DECEASED NAME	FIRST	A	AIDDLE	L	AST		20 DATE OF DEATH MON	TH DAY	YEAR	26 HOUR	
	(TYPE OR PRINT) DA	AVID	NM	IN		APTER		11/29/82			9:37	P_{M}
1	1. SEX	4	RACE					6 AGE (IN YEARS LAST BIRTHDA		INDER ! YEAR	IF UNDER 2	
	Male		Wh	ite	06		1915	67	YRS.	THS DAYS	HOUR5	MIN.
2	MRTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	D NEVER A	AARRIED -	9 BALTIMORE CITY OR C	OUNTY OF	DEATH		
2	Connecticu		U. S	. A.	WIDOWE		ORCED	Montgome				MD.
2	10 CITY OR TOWN OF DEA Bethesda	тн [11	(IF NOT IN SUC	HOSPITAL, NURSIN HEACHITY, GIVE STREET, L'EDAN HOS	ADDRESS)	OR OTHER INST	ITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Public Rela	RKING LIFE)	12b. KIND O INDUSTRY	Self	SOR
	USUAL RESIDENCE (IF NURS	HO POME OR OT	HER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)				CIOI	DILL C.	DICY	ca
4	130. STATE	THE COUNTY		Wash.,D		13d. INSIDE C	NO 🗆	13e STREET ADDRESS	Stree	+ N/	W 20	012
	14. FATHER'S NAME						MAIDEN NAM	ME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C / 14/	11.20	012
Λ	Benjami		DDLE	Apter			ora Pora	WIDDLE		Gold	stei	n
-	160 WAS DECEASED EVER		D FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMA		954 Farm H		9014	D CCI	11
۶	(YES, NO OR UNKNOWN) Yes	(IF YES, GIVE W	VAR OR DATES)	579-03-	6919	Marc	Anter					
						Marc	Apter	Rockville	Mar	y Lan	MATE INTERV	AL
	18. CAUSE OF DEATI PART 1. DEATH W	AS CAUSED	BY:	Acute	M	MA	RDIA		chen	BETWEEN	DELLA	A)
	4100	IMMEDIATE		TCKIC		7001	1 1	11	1100	///	240	
	Con Pri		DUE TO, OF	AS A CONSEQUE	NCE OF	POMA	hx 1	LADT DIT	FIRE	2.5	VAI	SAC
	Canditians, if any, gave rise to imm	nediate	(b)	16161	USC.	1010	110	K Mich Til	1-011		100	(-2
	cause (a), statin		DUE TO, OF	R AS A CONSEQUE	NCE OF							
	DARK O OTHER SIGN	UEICANIX CO	(c)	NATIONAL TIME TO F	NE 4 711 0117	NOT DEL ATED	10 115 1504	INAL DISEASE OR CONDITION	201 001501	D D D D		=
		VIFICANI CO	NUITIONS <u>CC</u>	NIKIBUTING TO L	ZEATH BUT	NOT KELATED	TO THE TERM	INAL DISEASE OR CONDITI	JN GIVEN	IN PART ITO	11	
7	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED			ERE FINDIN		
4	Ŧ.							YES NOTE	YES [G CAUSES	NO [1?
7	210. ACCIDENT WAS UND		216. TIME O		VE 4D	21c HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1	OR PART 2)		
	OR CONTRIBUTING C		P./	M. MONTH DA M	19							
	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURF		21e. PLACE	OF INJURY		21f. LOCATIO	N	CITY OR TOWN		COUNTY		ATE
1	WHILE NOT WH	ILE	(AT HOME STR	EET, FACTORY, OFFICE, FA	ARM, ETC }	SIKEEL		CHYORIOWA		COOKIT	317	A)E
1	220.1 certify that (1)) attended the	e deceased fram_	11/1	9	, 1982	_, to	, 19_	er.	that (IC(w	alast
	saw the decease	a alive on	11/2	offer deaths	27.00	id that in (my	apinian o	death accurred an the date of	and hour on	d from the	causes stat	ed
-	226. SIGNATURE	nar jara nar j	- Ine oday	dilei dedile		DEGREE		1		22c. DATE	SIGNED /	
.	14/1	111	41	1111	19		TTENDING PHYSICIAN	MEDICAL STAFF		11/2	9/8	2
Н	22d. PHYSICIAN'S NA	ME TYPE OF	RINT)	000	_	22e. ADDRES	- Inge	J Director Chartonetra		-	11	
	VOARV	1 /18	chap	1.	7	5530) Wica	onsin Ave.	herm	Cha	60	БМ
	230. BURIAL, CREMATION,	REMOVAL	23b. DATE	123c N	NAME OF C	EMETERY OR C	REMATORY	73d LOCATION	JIE VY	Cita	se,	PIG .
	(SPECIFY) BUDI		12/2/			(Sarden	CITY OR TOWN		OUNTY	STA	ATE
	24 FUNDEN DIRECTOR	120	14/4/				Memori 250. DATE	AL Falls Ch			Va. URE	_
	Warner E.	Dumph	rev	Inc.Sil	. Во	x 7428	DEC	3 - 1982	be.	2.0	Marie II	1
- 1	The state of the s	THE PL	LL Cy	4110.01	- 5D	r . Mc			a and	257	- rowy	

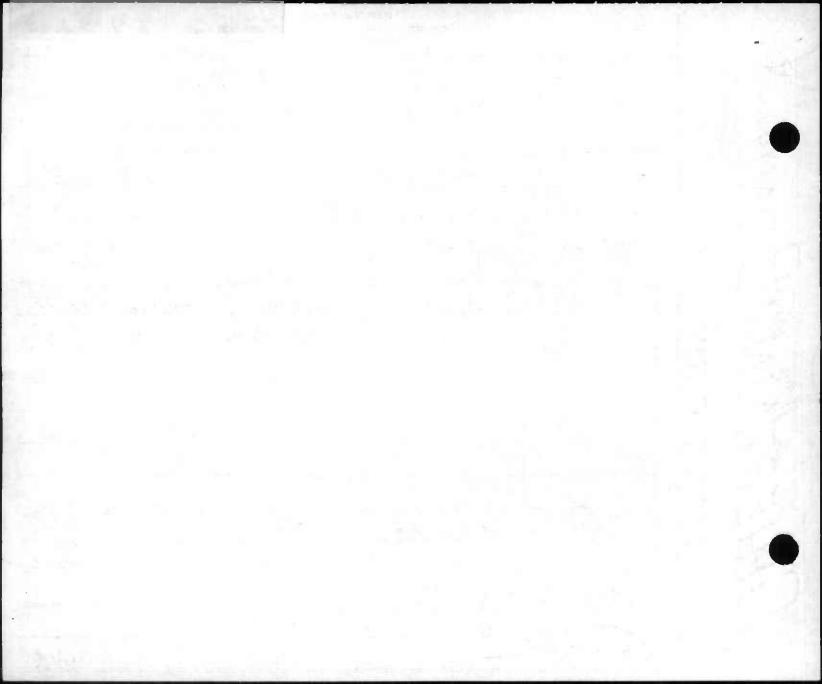
Inc.Sil. Spr., Md

Pumphrey,

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR

IMPORTANT, II III



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR				CEKIII	ICATE OF DEATH	REG. NO	٥.		
	CEASED NAME	FIRST		MIDDLE	· ·	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(TYPE	E OR PRINT)	Char1	otte	F.	Ar	onson	November 2	8. 19	982	6:40p N
3. SE	X		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	
]	Female		Caucasi	ian	June	28, DAY 1902 YEAR	80	YRS.	MONTHS DAYS	HOURS MIN.
		OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	1.8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
Pe	ennsylvan	ia	United	States	WIDOWE		Montgomer	y Cou	inty.	MD
10. C	ITY OR TOWN OF D	EATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF OF WORK FOR MOST O			OF BUSINESS OR
Ro	ockville		Rock	ville Nurs	sing I	Home	Analyst	F WORKING I	U.S.	Gov't.
13a. S	AL RESIDENCE (IFNI STATE aryland	13h COU	prother institution.	Bethesd	ADMISSION) N	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 4977 Batter	rv La	ne 20	814
	ATHER'S NAME		8/			15. MOTHER'S MAIDEN NA		. 7 120	110 50	011
	John		MIDDLE	Ferguso	on	FIRST	Not Avail:	able	£A:	51
16a \	WAS DECEASED EV			166. SOCIAL SECU	RITY NO.	17 INFORMANT Davi	d I. Arons	SS On		20814
ì	DOOR UNKNOWN)	(IF YES, G	IVE WAR OR DATES)	162-28-	3755	7808 Maple			ethesd	a, MD
Z	Conditions, if o gove rise to i couse (o), sto underlying cou	ny, which mmediate sting the use last.	(b) DUE TO, O	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	ninal disease or con	DITION G	IVEN IN PART 1	0.
ATIO	190, DATE OF OPER	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	120b. IF Y	ES, WERE FINDI	NGS USED
CERTIFICATION	W						YES NO		IFYING CAUSES	NO T
	21a. ACCIDENT WAS I OR CONTRIBUTING [(IF EITHER NOTIFY M	CAUSE OF D	CAIR	F INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	EY IN ITEM 18	PART 1 OR PART 2)	
MEDICAL	43 44000	WHILE		REET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220 Legatifu that	(I) (this beer	pital) offended the November 1 wiew the body		, ,	nd that in (pg) (our) opinion DEGREE ATTENDING	death occurred on the do		22c. DATE	that (K (we) lost couses stated SIGNED
	Md. PHYSICIANS	NAME (TYPE	OR PRINT)	w, M.D.		1220 ADDRESS 4900 MOSS			1	(, 20016

231. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR.

IMPORTANT: If Bem 21 is should be detached with the State Dept.

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY) Cremation

this certificate has been signed by

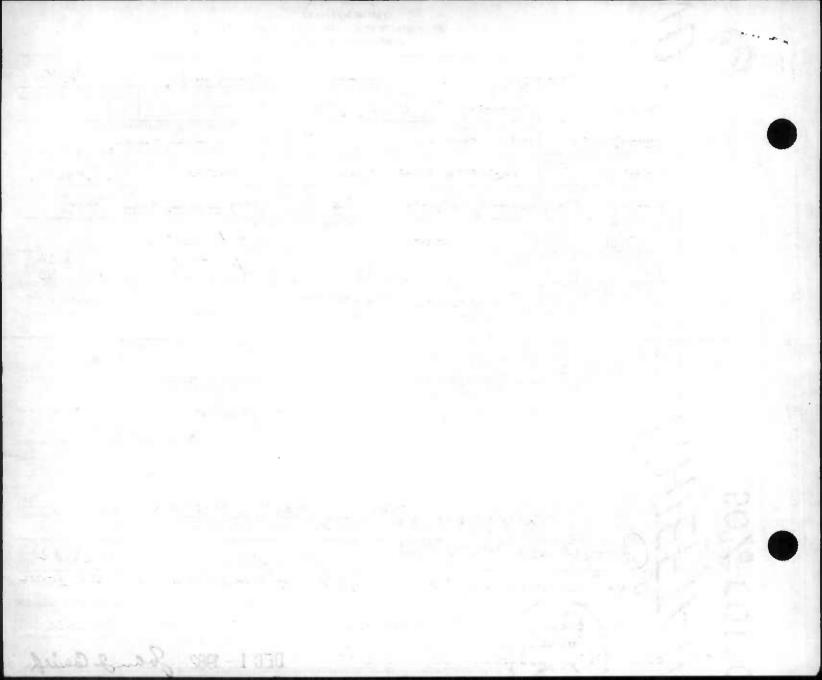
ion and campletely filled in by the funeral directors. Fig. Pages 1 and 2 shauld be filed within 72 hours of

FOR - STATE

14. FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, P.A. Bethesda, Maryland 20814

23b. DATE Nov. 30, 1982

Alexandria, County Alexandria, County Alexandria Metropolitan Crem.



TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the haspital or ottending physician.

DHMH-16 50M ((VR A 15 (4))

	FOR		DEPART	MENT OF H		IENE & Z	2 9 .	0 4 5
1 - STATE REGISTARA CERTIFICATE OF DEATH REG. NO.								
								2b. HOUR 11:25
3. 5	SEX				OF BIRTH			
	Female		Black	MONT	1 Ti ***82	0		YS HOURS M
570	COUNTRY)	FOREIGN 76 CIT		MARRIE				
8 8	Silver Spri	ing	Holy Cross	Hospi		(TYPE OF WORK FOR MOST OF	WORKING LIFE) 12b. KIN INDUST	RY
130	a STATE	H3b_COUNTY	Hac CITY OR TOV	WN	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 2004 Og 1e	thorpe St.	
V		nt MIDDLE		a	15. MOTHER'S MAIDEN NA	ΛE	The same of	LAST
2 160				URITY NO.				
	18 CAUSE OF DEA	TH (Enter only one o	couse per line for (a), (b), a	nd to .1	, .0		APP BETWE	ROXIMATE INTERVAL
7	PART 2. OTHER SIG	(DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	IT ION GIVEN IN PART	
ATION	19a DATE OF OPERA	ATION 19	b. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20g. AUTOPSY?	206. IF YES, WERE FIN	
7 TIFICATION	190 DATE OF OPERA	ATION 19	b. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED		IN CERTIFYING CAU	IDINGS USED
//	OR CONTRIBUTING	NDERLYING 211	b. TIME OF INJURY HOUR A.M. MONTH [DAY YEAR		YES NO	IN CERTIFYING CAU	IDINGS USED SES OF DEATH? NO [
//	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	NDERLYING 211 CAUSE OF DEATH ICAL EXAMINER) RRED 216 (A'	b. TIME OF INJURY HOUR A.M. MONTH [P.M. 6. PLACE OF INJURY	DAY YEAR	21c. HOW INJURY OCCURR	YES NO DED (ENTER NATURE OF INJURY	IN CERTIFYING CAU YES IN ITEM 18, PART I OR PART	IDINGS USED SES OF DEATH? NO [
//	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIN 21d. INJURY OCCUP WHILE NOTY AT WORK AT W 22c.1 certify that (I sow the decep	NDERLYING 211 CAUSE OF DEATH KALEXAMINER) RRED 21e (A' VORK (A') (A') (A') (A') (A') (A') (A') (A')	b. TIME OF INJURY HOUR A.M. MONTH D P.M. e. PLACE OF INJURY THOME, STREET, FACTORY, OFFICE, ended the deceosed from.	DAY YEAR 19 , FARM, ETC.)	211. HOW INJURY OCCURR 211. LOCATION STREET	YES NO CENTER NATURE OF INJURY CITY OR TOWN	IN CERTIFYING CAU YES IN ITEM 18, PART I OR PART COUNTY 1, 19	IDINGS USED SES OF DEATH? NO 21 STATE
MEDICAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUP WHILE NOTIFY AT WORK AT W 22a.1 certify that (I sow the decess above, (I) (we) ()	NDERLYING 211 CAUSE OF DEATH KALEXAMINER) RRED 21e (A' VORK (A') (A') (A') (A') (A') (A') (A') (A')	b. TIME OF INJURY HOUR A.M. MONTH D.P.M. e. PLACE OF INJURY THOME, STREET, FACTORY, OFFICE, ended the deceosed from	DAY YEAR 19 , FARM, ETC.)	211. LOCATION STREET 211. LOCATION STREET 1 (, 19 8 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	YES NO CENTER NATURE OF INJURY CITY OR TOWN 1 to World on the dot MEDICAL STAFF	IN CERTIFYING CAU YES IN ITEM 18, PART 1 OR PART COUNTY COUNTY On the part of	DINGS USED SES OF DEATH? NO 2
MEDICAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. IN JURY OCCUR WHILE AT WORK 220.1 certify that (I sow the deceo above, (I) (we) 22b. SIGNATURE	NDERLYING 211 CAUSE OF DEATH (CAL EXAMINER) RRED 216 (A' Object of the control o	b. TIME OF INJURY HOUR A.M. MONTH P.M. B. PLACE OF INJURY THOME, STREET, FACTORY, OFFICE, ended the deceosed from. The body ofter death.	DAY YEAR 19 , FARM, ETC.)	211. LOCATION STREET 211. LOCATION STREET and that in (my) (our) opinion of the physician (and	YES NO DED (ENTER NATURE OF INJURY CITY OR TOWN 10 MEDICAL STAFF DIRECTOR PHYSICIA	IN CERTIFYING CAU YES IN ITEM 18, PART 1 OR PART COUNTY 19 e and hour and from 22c. D	STATE Thot (I) (we) ATE SIGNED 1
WEDICAL 230	OR CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTION OF CUT OF CONTRIBUTION OF CONT	NDERLYING 211 CAUSE OF DEATH ICAL EXAMINER) RRED 216 WHILE 210 (A' YORK A Glid (did not) view NAME (TYPE OR PRINT) 1, REMOVAL 23b. 111	b. TIME OF INJURY HOUR A.M. MONTH P.M. e. PLACE OF INJURY THOME, STREET, FACTORY, OFFICE, ended the deceosed from the body offer death. The body offer death. DATE 18/82	PAME OF C	211. LOCATION STREET 211. LOCATION STREET 19 2 and that in (my) (our) opinion of the physician physician physician physician physician continue and the physician p	YES NO DED (ENTER NATURE OF INJURY CITY OR TOWN JEOTH OCCUPTED ON THE DOT MEDICAL STAFF DIRECTOR PHYSICIA 236, LOCATION	IN CERTIFYING CAU YES A IN ITEM 18, PART I OR PART COUNTY L 19 8 2 e and hour and from 22c. Dr AN	STATE The course stored The course stored The course stored The course stored The course stored

11:136	100.11,1982		Alenal	Salada - eli	le Lei
		11 - 02	11	alanta "	A Hope V
	Vantuousry	×		AWI	bokiyaét
			Instituti	300 W (2011)	aring would
.20	2004 Stanherps		x olliv	изэлүй поддах	Sara basilers
alcentual		A - 3 2	,	T. Wansile	4 Out
	ar Richard				
				TAXABLE PARTY	
>	4				

STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

8	2	2	9	j	4	6
	250 110					

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	o .		
		CEASED NAME F	IRST	WIDDLE		AST	20. DATE OF DEATH	MONTH DAY	Y YEAR	2b. HOUR
ľ	(,,,,		eLYN	F.	151	76/ey		11-2	-83	9:45 PM
	3. SEX	female	(RACE White		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN.
1	V	NASH. D.C.	1	f what country? U SA	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	OHERL	Coc	ENTY MD.
)		BETHES DE	7 Ju	BURBAN	ADDRESS)	SOLTA	120 USUAL OCCUPATION OF THE CONTROL OF WORK FOR MOST OF THE CONTROL OF THE CONTRO	F WORKING LIFE	INDUSTRY	e Co.
	13a. S	Maryland	Montgome	13r CITY OR TOV	VN_	13d. INSIDE CITY LIMITS? YES 🔁 NO 🗌	130 SIREET ADDRESS 10301 St.	Albans	s Drive	e 20814
C	14. FA	Daniel	WIDDLE	Trip	lett	Annie	ME WIDDLE		Hin	ies
	16a W	VAS DECEASED EVER IN (ES, NO OR UNKNOWN)	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	166. SOCIAL SECT		Annie L. F	ink same a			
		18. CAUSE OF DEATH IT PART I. DEATH WAS IM. Conditions, if ony, w gove rise to immed couse (a), stolling underlying couse	CAUSED BY: MEDIATE CAUSE (o) DUE TO, hich (b) iote the DUE TO,	or AS CONSEQUED	MENERO LA	nebrel Hen enor (6L10b	bable LASTOMA)	APPROXI BETWEEN C	MAYE INTERVAL CAUSET AND DEATH COUSE Consolh
2	CERTIFICATION		CANT CONDITIONS			NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES, V	WERE FINDIN	IGS USED
7	MEDICAL CER	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSTIFE EITHER, NOTIFY MEDICAL TO 21d. INJURY OCCURRED	SE OF DEATH HOUR A	OF INJURY A.M. MONTH D P.M. E OF INJURY STREET, FACTORY, OFFICE,	19	21c. HOW INJURY OCCURR 211 LOCATION STREET	RED (ENTER NATURE OF INJUI		COUNTY	STATE
		22d. SIGNATURE 22d. PHYSICIAN'S NAME COSCUC	is hospital) attended of the control	the deceased from. Ity after death. It because	l'I	DEGREE ATTENDING PHYSICIAN 1220. ADDRESS ATTENDING PHYSICIAN ATTENDING PHYSICIAN ATTENDING PHYSICIAN ATTENDING PHYSICIAN	MEDICAL STAL JORECTOR PHYSIC OF TOWN	, 19 pte and hour o	and from the	that (1) (we) last causes stated
	23a. B	URIAL, CREMATION, REA	MOVAL 236. DATE			emetery or crematory	23d. LOCATION	lington	county.	nia STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

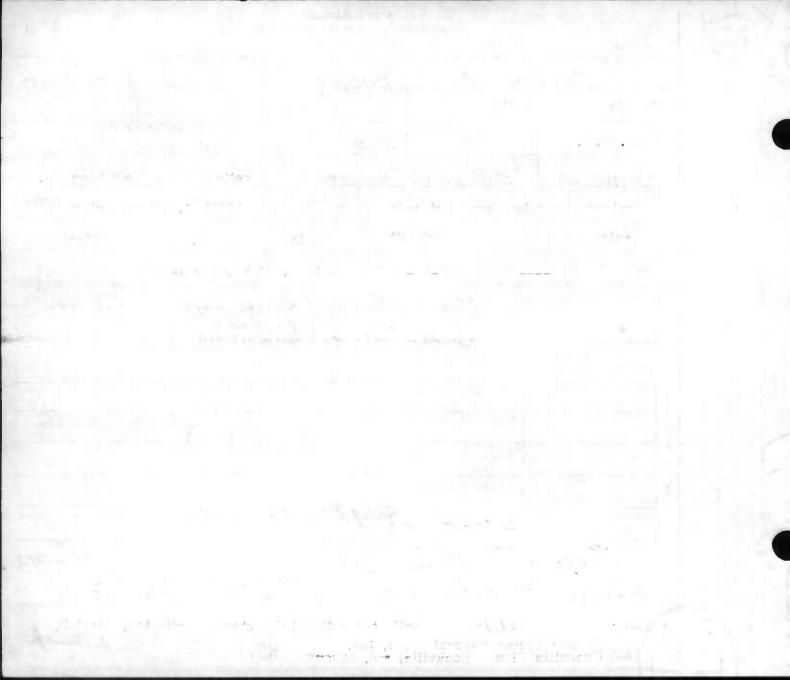
TO HOSPITAL OR ATTENDING PHYSICIAN: The low etcined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director. It should be detached for use as the burial-transit permit. Then please remove carban papers: Pages 1 and 2 shauld be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be notified at ance.

Burial | 11/5/82 | Arlington Natio

50. DATE REC'D, BY REGISTRAR'S JON COM



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the fishbuild be detached for use as the buriol-transit permit. Then please remove carbanpapers. Pages 1 and 2 shauld be filled with with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal with the state Dept. at resolution of well by the first to botton, cremother, or removal IMPORTANT: If then 21 is morked or them 18 shows any injury, or other troumatic event, the medical examiner must be notified

page 3

may be

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

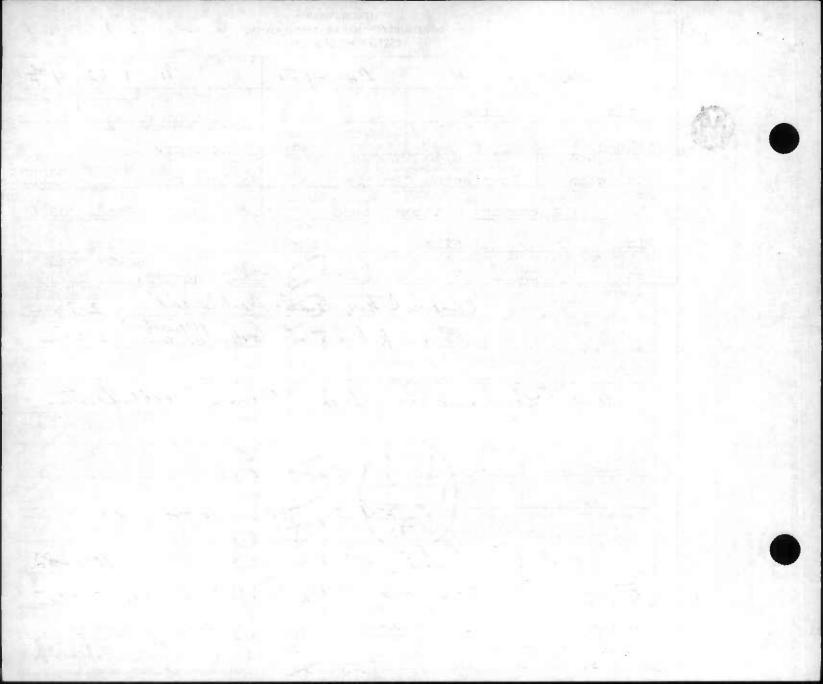
8	2	2	9	.5	4	
		0.000				

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REC	6. NO.			
1 DECEASED NAME (TYPE OR PRINT)	BEDFORD	MIDDLE		BAILEY, SR.	20 DATE OF DEAT	H MONTH	DAY	82	26. HOUR 40
Male Male	4. RACE	hite	5 DATE (6. AGE (IN YEARS LA	T BIRTHDAY)	MONTH	DER I YEAR	IF UNDER 24 HR HOURS MII
7a. BIRTHPLACE (STATE OF COUNTRY) Oklahoma	U	EN OF WHAT COUNTRY	MARRIE	D NEVER MARRIED DIVORCED	9 BALTIMORE CIT	Y OR COUN		DEATH	,
Kensingto	n Ke	ensington	Garde	ens N. H.	12a. USUAL OCCU (TYPE OF WORK FOR AN Medical	PATION OST OF WORKING	G LIFE) IN	DUSTRY	r BUSINESS C Vetera nistr
USUAL RESIDENCE (IF NUI 130. STATE Md. 4. FATHER'S NAME	13b COUNTY Montgon	13c. CITY OR TO	WN	13d INSIDE CITY LIMITS? YESXX NO [] 15. MOTHER'S MAIDEN NA	13e. STREET ADDRE		Ro	ad	20906
Rice No WAS DECEASED EVEL	MIDDLE	Bailey		Georgia IT INFORMANT	a midd		Bai		
Yes noor unknown)	(1F YES, GIVE WAR OR C	PATES	-5544	Cora E. Ba	ailey Wh	606 D eaton	, M	d. 2	ROAG 20906 MATE INTERVAL ONSEI AND DEAT
Conditions, if on gove rise to im couse (o), state underlying cous	ng the DUE	TO, OR AS A CONSEQ (c) ONS CONTRIBUTING TO		NOT BELATED TO THE TEST	NAL DISEASE OR	ONDITION (JVEN IN	PART 110	
190 DATE OF OPERA		CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WEI TIFYING YES	CAUSES	OF DEATH?
OR CONTRIBUTING [] (IF EITHER NOTHY MED 214 INJURY OCCUR	CAUSE OF DEATH HC ICAL EXAMINER) RED 21e (AT H	TIME OF INJURY UR A.M. MONTH P.M. PLACE OF INJURY OME STREET, FACTORY OFFICE	19	216. HOW INJURY OCCUR 211 LOCATION STREET		INJURY IN ITEM 1		OUNTY	STATE
sow the decep	22a.1 certify that (I) (this hospital) attended the deceased from 20, 19 that (I) (we) last saw the deceased alive an above, (I) (we) (did) (did not view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF								
22d. PHYSICIAN'S N	P.	LIBRE	MD	22e ADDRESS	SUNCTOR PH	SICIAN []	A C	20	f15
BURIAL, CREMATION (SPECIFY) Burial		/5/82 P	arkla	emetery or crematory wn Cemetery	23d. LOCATION CITY OR TOW ROCKY	ille.	Ma	ryla	ind STATE
4 FUNERAL DIRECTOR	2. Ma	Se monor P	. 0.	Box 7428 NO	V 8 1982	AR 25h ZG	ISTRAR'S	SIGNA	URE WALK

DHMH-16 50M 1/B1 (VRA 15, 4)

BP.

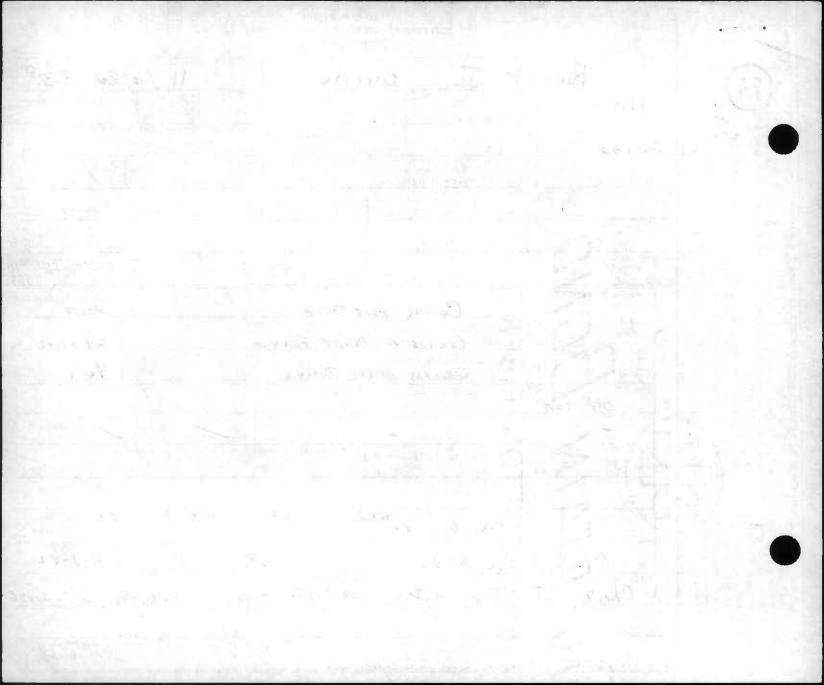
m



- 1		FOR	DE		TE OF MARYLAN HEALTH AND ME		NE 2	2 0	154	8
		STATE REGISTRAR	MEDI	CAL EXAMIN	ER'S CERTIFIC	CATE OF DE	ATH .	REG. NO.		
ı	. DEC	EASED NAME FIRST	A	AIDDLE	LAST		20. DATE KNO	WN M MONT	H DAY YEAR	2b. HOUR
ı	(ITFE	Charle	5	arroll	BAKER		OF ES	- ""	26 1982	1249
6.43	. SEX	1 Care	5. DATE OF BIRTH	YEAR LAST BIRTHDA	ARS IF UNDER 1 YR.	IF UNDER 24 HR	S. 2c. DATE PRONOUNCED DEAD	MONTH	26 198	2d HOUI
ł	7a. B15	THPLACE (STATE OR	76. CITIZEN OF WHA		8	// / / / / / / / / / / / / / / / / / /	9 BALTIMORE	CITY OR COU		LD - N
١	M	aryland	U.S.	A .	MARRIED NEV	DIVORCED [MONT 6	0 1457		AAF
ľ		Y OR TOWN OF DEATH	11 NAME OF HOSPIT		, OR OTHER INSTITUT	TION 1120 L	ISUAL OCCUPATION	N (TYPE OF WOR	126. KIND OF B	JSINESS
l	Ro	CKVILLE	Shady Giron	re Adventi	st Henite	a/ !	Enginee	r	Railr	oad
ŧ١	JSUA 30. ST	L RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE R	SECITY OR TOWN	ON) 13d. INSIDE CIT	TYPHUTCO 1130 S	TREET ADDRESS			
		MD MONT	60MERY	9AITHERSIS			11 RUSSET	2 /ve		
I	14. FA	THER'S NAME FIRST	MIDDLE	LAST	15. MOTHE	R'S MAIDEN NA	ME		LAST	
		Charles		Baker			unknow			
ľ	(YE	AS DECEASED EVER IN U.S. AR S, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURITY				DDRESS		
		No		716-12-3	755 Doro	thy E.	Wilson	Pho	enix, l	Md.
		18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly one couse per line to	r (o), (b), ond (c).)					SETWEEN ONS	
l		A section of the sect	TE CAUSE (o)	TAR	WOUND	N	ECK			
l		Conditions, if ony, which		A CONSEQUENCE	OF .				34/	
ı		gove rise to immediate	(b)	EPRESSI					244	00
١		lying couse lost.	DUE TO, OR AS	A CONSEQUENCE (OF .					
ı		PART 2 OTHER SIGNIFICANT CONDITIONS	(C)	NOT BELLITO TO THE YEAR	NAME OF TAXABLE OF TAX					
	Z	TAKE E GIVER SIGNIFICANT CONDITIONS	CONTRIBUTION TO UEATH BUT		MAE DISEASE OK CONDITION	GIVEN IN PART 1 10				
l	ATIO	190 DATE OF OPERATION	19b. CONDITIO	N FOR WHICH OPER	ATION WAS PERFORA	MED?			20 AUTOPSY	2
	FF	11/26/82	EXPL	ORATION	16 1/1	ETV			YES 🗆	NO 🗗
	CERTIFICATION	210 EXTERNAL CAUSE WAS	216. TIME OF IN	JURY	21c. HOW INJURY	OCCURRED (ENTI	ER NATURE OF INJURY IN	ITEM 18 PART 1 OR		NO E
		UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH 2	MONTH DAY YEAR 1983	STABB	ch c	E7 6	.11 11	ECK	
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF	INJURY (AT HOME.	21f. LOCATION	, ,	OLF			
	¥	AT WORK AT WORK	NURS IN	a Home	301 KUSSE	-Le Au	CITY OR TOWN	RS BUX	WowT	Ma
ı		220 I certify that I took charge	ge of the remains describ	ped obove, held on	Autopsy ,	Inspection -	Inquiry 2	ond in my	opinion	
		deoth resulted from: Next	fol couses	odent . Sui	cide Homici		letermined monner			
I		1	011	1.11	/ R TITUE /SF				1	1-
1		SIGNATURE	est flly	relle	M.D. De	px MI	EDICAL EXAMINER	DAT		182
	-	EXAMINER'S NAME	. 01	Maria		11111		1 >	20814	11.1
-		EXAMINER'S NAME RAN	reis /	1114 18		Fred WSG		wifel	40501 1	118
1	(SP	RIAL, CREMATION, REMOVAL			METERY OR CREMATO	PRY 23d.	LOCATION ITY OR TOWN altimor	co	UNTY S	TATE
1	24 51	Cremation NERAL DIRECTOR	11/29/82	Westvi		ery B	altimor	e,Balt	imore,	Id.
1		NAME	ADDRESS			O. DATE REC'D.	BY REGISTRAR 25	b. REGISTRAR'S	SIGNATURE	
L	Μ.	Gladden Kur	rtz Jar	rettsvil	le, Md.	DEC 1	1982	-and	· Cowell	

The many that a series we will be the series and the series and the series are the series and the series are the series and the series are th and the state of t

		FOR STATE REGISTRAR	DEPA	RTMENT OF HEA	F MARYLAND LTH AND MENTAL HYGI ATE OF DEATH	IENE 8 2	2.	9 5	4 9
A STATE OF THE PARTY OF THE PAR	(IYPE	OR PRINT) Bobe	rt J.	Barc	lay	20. DATE OF DEATH	MONTH D	182 3	3:38 PM
	3. SE	Male RTHPLACE (STATE OR FOREIGN	4. RACE Caucasian The Citizen of What Count	S DATE OF E	DAY YEAR 25, 1899	6. AGE (IN YEARS LAST BI	YRS.	ONTHS DATS H	UNDER 24 HRS OURS MIN.
funerol ithin 72 h	3	COTLAND TY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NUI	MARRIED L			omery	126 KIND OF B	MD.
in by the fuse filed with	Sil	Ver Spring AL RESIDENCE (IF NURSING HOME OF	HOLY CLOSS HE	OSpital		Emplayee C	OF WORKING LIFE)	INDUSTRY	
tely filled 2 should b	Mar	THER'S NAME	gomery Chevy	Chase Y	I INSIDE CITY LIMITS? ES [X] NO [] MOTHER'S MAIDEN NAM		Road	2081	5
comple s 1 ond	160 V	Robert VAS DECEASED EVER IN U.S. AR	J. Barca	2000	Alice INFORMANT 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ADDR	F 0 0	ROSS	
ion and c	0	ES, NO OR UNKNOWN) (IF YES, GIV	073-24-	-7182 E	rnest F. Hen	iney	8401	Connect Chase N APPROXIMAT BETWEEN ONSI	ticut Ave <u>1d. 208</u> 15
is that the death certifical by the attending physical lease remove carbonpot oil. cremotion, or remove or other troumatic event.		Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.	D BY: TE CAUSE (0) CARD DUE TO, OR AS A CONSE (b) CONGO DUE TO, OR AS A CONSE (c) CORONA	OUENCE OF OUENCE OF RY ARTER		E		24 h Years	
been signe mit. Then p prior to bur ony injury,	ATION	PART 2 OTHER SIGNIFICANT (OID CVA 190 DATE OF OPERATION	CONDITIONS CONTRIBUTING			NAL DISEASE OR CON		N IN PART TIO	SUSED
NN: The Ichyston. Icote hos ronsit per Hygiene 18 shows	MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	e. HOW INJURY OCCURRE	YES NO	IN CERTIFY	ING CAUSES OF	
IG PHYSICIA offending pl ter this certif s the buriol-t n and Mental		(IF EITHER NOTIFY MEDICAL EXAMINES 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AI HOME, STREET, FACTORY, OFF	19 21 ICE, FARM, ETC.)	f. LOCATION STREET	CITY OR TO	ОWN	COUNTY	STATE
ATTENDIN Spitol or CTOR. Af d for use o f. of Heolth n 21 is mo			A1 . /	9 12 , and t	not in (my) (our) opinion d	eoth occurred on the c			ses stoted
PITAL OR by the hc ERAL DIRE e detoches Stote Depti		226. SIGNATURE 226. PHYSICIAN'S NAME (TYPP)	Horn M.D.	DEC	ATTENDING	MEDICAL STA	FF CIAN	22c. DATE SIG	-/2
TO HOSPII retained by TO FUNER should be: with the St	23a B	Charles 5	Bier M:	D . /	145-19 The ST.	N.W.	Washing	fon D.	2.20036
BP	E	SPECIFY)	Nov. 10, 1982 is J. Collins	Pach Cha		Washingt		COUNTY AR'S SIGN AT URE	STATE
HMH - 16 50M 1/81 (VRA 15, 4)		O University B	lud. W. Silver	Spring.	Md. TNOV	1 2 1982	John	I Can	ulf



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction should be detached for use as the buriol-transit permit. Then please remove carbompopers. Pages 1 and 2 shall the filled within 72 hours after with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.

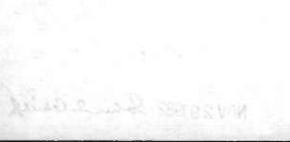
TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital ar attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

0	4 3	0	0		and To-	27
3	la	En	7	3	2	1
	PEG NO					

Myer nmn Belasco 11/23/82/	Siness or Star
3. SEX A RACE S. DATE OF BIRTH S. DATE OF BI	MINDER 24 HRS. MINDER 24 HRS.
3. SEX A RACE S. DATE OF BIRTH AND OF BUSINESS AND OF BUS	MIN. MIN. MIN. SINESS OR ON P. ON P.
To. BIRTHPLACE STATE OFFOREGON To. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED NO. OF TO. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED WIDOWED DIVORCED DIV	Siness or Star
To BIRTHPLACE SLATEORFOREIGN To CHTIZEN OF WHAT COUNTRY? RARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NON-CED	siness or Star
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b KIND OF BUS 13d USUAL OCCUPATION	siness or Star
OSUAL RESIDENCE (IF NURSING COMMINISTITUTION OF RESIDENCE BEFORE ADMISSION) 13d STATE 13d STREET ADDRESS 13d STREET ADDRESS 15d MOTHER'S MAIDEN NAME 15d MOTHER'S	star e.
USUAL RESIDENCE (IF NURSING - WAS DECIDENCE BEFORE ADMISSION) 13d STATE 13d STATE 13d STATE 13d STATE 13d STATE 13d STATE 13d STATE 13d STREET ADDRESS 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13e STRE	e. 20/ obj
13d STATE MO 14 FATHER'S NAME SIREST MIDDLE 15 MOTHER'S MAIDEN NAME SIRST MIDDLE 16 SOCIAL SECURITY NO. 17. INFORMANT 18 CAUSE OF DEATH (Enter only one couse per line for IoI, Io), and conditions, if any, which gove rise to immediate cause IoI, stating the underlying couse IoIs. DUE TO, OR AS A CONSEQUENCE OF UNDERTON MIDDLE 18 CAUSE OF DEATH (Enter only one couse per line for IoI, IoI), and conditions, if any, which gove rise to immediate cause IoI, stating the underlying couse IoIs.	e. 20/
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and completed and couse in a station of the couse in a sta	21/ 000 p
ILEST AND ELECTOR OF LAST AND ELECTRIST AND	20/
(YES NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 5 77 - 48-2335 William Willcott - Son Inlan 18 CAUSE OF DEATH (Enter only one couse per line for (0), 16), and 16 PART I, DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (0), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF	as y
18. CAUSE OF DEATH (Enter only one couse per line for (a), yb), and compared to the set were nonself. 18. CAUSE OF DEATH (Enter only one couse per line for (a), yb), and compared to the set were nonself. 29. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gover rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF	5
18. CAUSE OF DEATH (Enter only one couse per line for (a), yb., and compared to the part I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF	~
PART I. DEATH WAS CAUSED BY: DESCRIPTION DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause to, stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF	AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF	
gove rise to immediate cause (a), stating the aunderlying cause last.	
underlying couse lost.	
PART 2 OTHER SIGNIFIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
NO TO THE OF OPERATION OF CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS U INCERTIFYING CAUSES OF DE YES NO 120. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TO REPART 2)	
190 DATE OF OPE ATION 11 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS U	JSED SEATH?
YES NO YES NO	D [
TO SOUTH THE COURT OF THE STATE	
U (IF EITMER, NOTIFY MEDICAL EXAMINER) P.M. 19	
21d INJURY OCCURRED 21e PLACE OF INJURY (at home street factory, office farm etc.) 21f LOCATION City or town County	
WHILE NOT WHILE AT WORK AT HERE AT WORK AT HE WORK AT	STATE
17m certify trial (I) (this hospital) attended the deceased from	STATE
ond that in (my) (our) apinion death occurred on the date and hour and from the causes of the course	(l) (we) los
DEGREE 226 DATE SIGNE	(I) (we) lost
The book of the bo	(I) (we) lost
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	(I) (we) lost
ATTENDING MEDICAL STAFF NAME	(I) (we) lost
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	(I) (we) lost
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	(I) (we) lost
ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT) 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22d ADDRESS LEWIS H. DENNIS 831 Umin. Blvd. Jellyn fo	(I) (we) lost



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

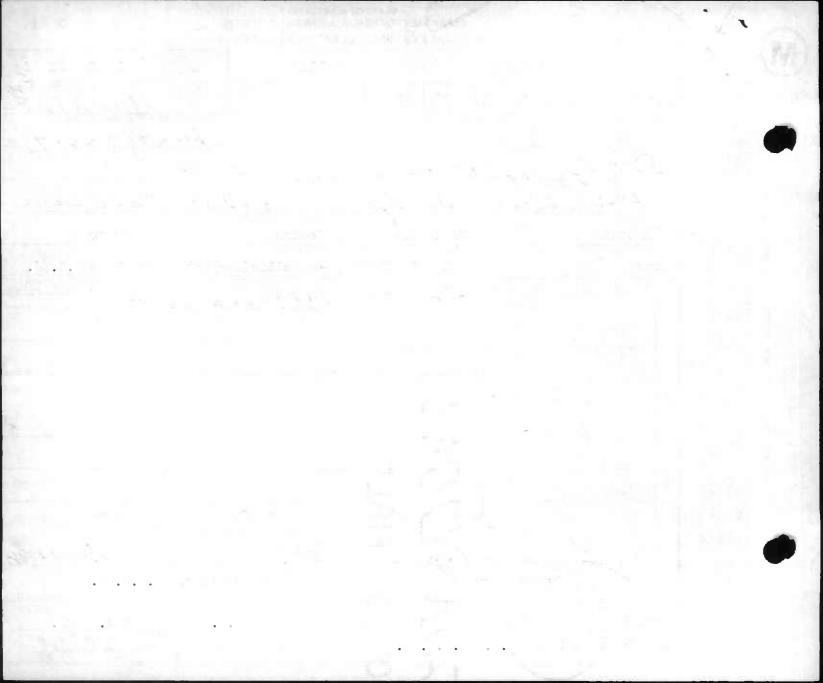
	2	9	C	5	
REG	NO				

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

_	NO	

61	_					MEG		
//		CEASED NAME FIRST			LAST	20. DATE KNOWN OF ESTI-		
N = 12 = 1		Jose	phine	E	Bellia	DEATH MATED	1121	19 82 / 25 M
주문표호를 1	3. SEX		5. DATE OF BIRTH	6. AGE (IN YEARS IF UN	IDER 1 YR. IF UNDER 24		MONTH DAY	Y YEAR 2 HOUR
N S Z S S S S S S S S S S S S S S S S S	Fe	male White	11 10 9	9EAR 853 IRTHDAY) MONTH	HS DAYS HOURS M	PRONOUNCED DEAD	NAVI	2/10 FT PM
A SIN	7a. BI	RTHPLACE (STATE OR	76. CITIZEN OF WHAT	COUNTRY?	The Days of the same	9 BALTIMORE CIT	TY OR COUNTY OF	DEATH
PA FOR SECS.	FOI	REIGN COUNTRY) Italy	USA	WIDOW	IED NEVER MARRIED		TA AL	
NO. W.	10. CI			AL, NURSING HOME, OR OTH	ER INSTITUTION I12	20 USUAL OCCUPATION	(TYPE WORK 12b K	IND OF BUSINESS
AY IS PILED SOI V	1	ST/ Vne	(IF NOT IN SUCH FACILIT	TY, GIVE STREET ADDRESS)	,	FOR MOST OF WORKING LIFE) Housewife	0	OR INDUSTRY
DEL N N N N N N N N N N N N N N N N N N N	USUA	L RESIDENCE IN HICKORE HOME	OR OTHER INSTITUTION, GIVE RI	ESIDENCE BEFORE ADMISSION)	ane !	HOUSEWITE		
SCHALL STANK	13a. S		NTY I	31. CITY OR TOWN		Se. STREET ADDRESS	ta.	1
SESTA	14.54	THEOREM NAME	cont.	del. Opg	YES NO DEL	1430/1	Cars	Lene
PW. PW.		ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN I Rosina	NAME	D 1	LAST
A A B B B B B B B B B B B B B B B B B B	_	Vincent		sciotta			Barbaro	ta
FOR ON ON	_ (YE		RMED FORCES?	66 SOCIAL SECURITY NO.	17. INFORMANT	ADDR		7 112
2>-02	No	one		220 54 2109M	Guy Bellia	(Son)13207 K	Kara Lane	S.S.Md.
WITE PA		18 CAUSE OF DEATH (Enter o	nly ane cause per line far	(p), (b), ond (c).)	10.		Ø → 8€1	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
ENG ENG AL.		PART I DEATH WAS CAUSE	ATE CAUSE (o)	(ante)	Vitoca	Lechus	010.	
A A LC		4291	DUE TO, OR AS	A CONSEQUENCE OF				
ANS ANS AL HS		Conditions, if only, which gove rise to immediate						
ON THE W		cause (a) stating the <u>under</u>		A CONSEQUENCE OF				
N. ARIA		lying couse lost.	(6)					
AL AND ATION		PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1	10		
SAL	N	N	one					
PEA MEA	MEDICAL CERTIFICATION	190. DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERATION W	AS PERFORMED?		20	AUTOPSY?
P S P S P S P S P S P S P S P S P S P S	FIC	1100	100					YES NO-PK
WOO BE COME OF SHAPE	ERT	210. EXTERNAL CAUSE WAS	21b TIME OF IN		OW INJURY OCCURRED (LENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	TES LI NO-DIO
TAME THE PROPERTY OF THE PROPE	NC	UNDERLYING OR		MONTH DAY YEAR				
SHC SHC RIG	DIC.	CONTRIBUTING CAUSE OF		19 INJURY (ATHOME, 211 LOC	CATION			
S CEI	ME	WHILE NOT WHILE	STREET, FACTORY		TREET	CITY OR TOWN	COUNTY	STATE
WAR WAR PAG TAT		AT WORK AT WORK						
ATE SOR		22a. I certify that I took char	ge of the remains describ	ped abave, held an Autop	sy , Inspection	Inquiry .	ond in my apinian	
CI SE FEET SE		death resulted fram: Note	ural couses 🔄 Ac	ccident , Suicide	, Homicide .	Undetermined manner	<u> </u>	
XA EERT LID E		11	1 /1		TIŢLE (SPECIFY)		1	
W. W.		ACTUAL SIGNATURE	P 110	Der M	0000	_MEDICAL EXAMINER	DATE	01271982
MEDIC. UNE THE SH UNER PEATIMORE	0.	Tale	n Pagana	7	1010		C C MJ	,
MED AED AED AED AED AED AED AED AED AED A	115	(TYPE OR PRINT)	n Rogers		ADDRESS	Seminary Ro	1.5.5.Md.	
TO M EXECU PAGE TO FU BAUTI	23a. Bi		23b DATE	23c. NAME OF CEMETERY O		23d LOCATION CITY OR TOWN		
p.n	Bi	URIAL CREMATION, REMOVAL PECIFY) UTIA1	11/24/82	Gate of Heave	'n	S.S.	Mont.	Md.
BP		JNERAL DIRECTOR N'es/Rinaldi 118					EGISTRAR'S SIGNA	
DHMH - 17 (VR A15 ME (5))	Hir	res/Rinaldi 118	00 N.H.Ave.	S.S.Md.	NOV 2	23 1982	lang G	ewell

BP **DHMH - 17** (VR A15 ME (5)) 20M 4/82



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH Last 2b. HOUR pup (Type or print) ANN 3. SEX 4. RACE DATE OF BIRTH 6. AGE (In years last birthdoy) FEMALE CAUCASIAN JUNE 4. 1890 haurs YRS 7b. CITIZEN OF WHAT COUNTRY? attending physician and campletely filled in by sermit. Then please remave carban papers. 7a. BIRTHPLACE (State or foreign PHYSICIAN: The law requires that the death certificate be executed within 24 hau MARRIED NEVER MARRIED 9. COUNTY OF DEATH within 72 U.S.A WIDOWED XX DIVORCED [MONTGOMERY SWITZERLAND 10. CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR most of working life even if retired.) **INDUSTRY** SILVER SPRING event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER admission) STATE COUNTY MARYLAND 416 ROYALTON ROAD 20901 and in any 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle UNKNOWN STEGERER UNKNOWN 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, or unknown) remaval, SON EDWARD BIGIFR APPROXIMATE INTERVA IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) crematian, Canditians, if any, which gave burial-transit rise to immediate cause (o), þ stating the underlying cause burial, last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been far use as the 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO V State Dept. of Health Page 4 may be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item IB.) OR CONTRIBUTING TO CAUSE OF OFATH HOUR A.M. Manth Day Year flf either, notify medical examiner) detached (AT HOME, EARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from 500 24, 1992, ta Non 1 1982, and that in (my) (our) apinian death accurred on the date and haur and fram the saw the deceased alive on..... directar, page 3 shauld shauld be filed with the causes stated above, (1) (we) (did) (did-not) view the bady after death. 22h SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE 22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

METROPOLITAN CREMATORY

23d. LOCATION (City or

ALEXANDRIA

(County)

(State)

VR A15 (4)

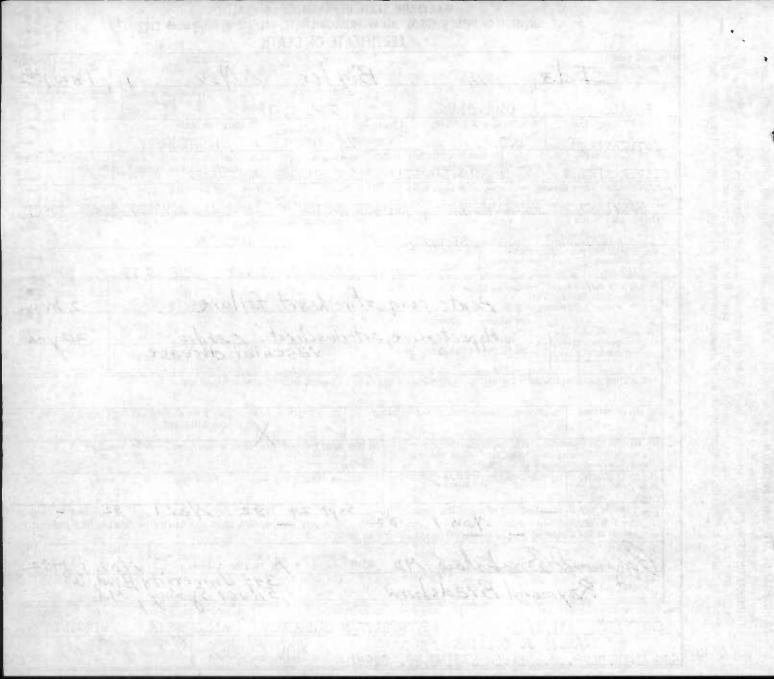
23a. BURIAL, CREMATION,

23b. DATE

24. FUNERAL DIRECTOR FRANCIS J. COLLINS

11/1/82

500 UNIV. BLVD. W., SILVER SPRING, MD. 20901



director page 3 hours ofter death

	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 9 CERTIFICATE OF DEATH REG. NO.									3
		ECEASED NAME	HAR	185 ADRIAN BILLMY			JER .	11-22-80	DAV YEAR	47	0.1	
85 M	1.5E	Male		1.11		Jani	iary 17,1902	80	WINDER LIERS	A PADES 1 PETER A CHOST AND		
00		Jest Virg		1.12% 64		MARRIE WIDOWE	D NEVER MARRIED C	MINTESTEE		OF DEATH MI		MD
M	16	BETHESI)A	30	BUKBH	UH	OSPITAL	Administra	itor	176 KIND C	of Busines truct	
	130.	STATE Maryland	Mont	Jower A 1114 Ollher Institution	GIVE RESIDENCE BEFORE OBTHESE		13d, INSIDE CITY LIMITS?	13e STREET ADDRESS 5519 Sout	thwick	< St.		
150	14 F	Adrian	Шуі	nkoop	Billmyer		15. MOTHER'S MAIDEN NA Mary	WE		Rust	ĭ	
shows any injury, or other troumotic event, the medical prominer must		WAS DECEASED EVE (YES NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	577-03-		Hester A.Bi	illmyer (j		3 abov	/e)	
r ather troumotic event,		PART I. DEATH \ S 71 1 Conditions, if on gove rise to im couse (o), stoti underlying cous	WAS CAUSE WMEDIAT W, which imediate ing the	D BY: E CAUSE (o) U DUE TO, C	PPEN 9A PR AS A CONSEQUE OR AS A CONSEQUE	STNO I	of Liven	100	152.	BETWEEN	MATE INTERV	EATH
: If Item 21 is morked or Item 18 shows ony injury, or	MEDICAL CERTIFICATION	210. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY MEE 21d INJURY OCCUP WHILE AT WORK AT WORK 220. I Certify that (I sow the deceo	ATION ATION ATION ADERLYING CAUSE OF DEADICAL EXAMINER RRED HILLE RRED (this haspi	HEAN 196 COND 196 COND 196 COND 216 TIME C HOUR A P 216 PLACE (AT HOME, ST	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY OFFICE F. The deceosed from 19	OPERATION Y YEAR 19 ARM ETC)	NOT RELATED TO THE TERM A OLT S N WAS PERFORMED 216 HOW INJURY OCCURI 211 LOCATION STREET 19 S and that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPS P YES NOTE RED (ENTER NATURE OF INJU CITY OR TO	20b. IF YES IN CERTIFY YES RY IN ITEM 18. PA	OF PARE FINDE YING CAUSES S	NGS USED OF DEATH NO sta	1?
MPORTANT		ROLA	Y d	Imp.	DerinL		22e ADDRESS	3 4 TTeny		ie Be	mo	SNO

BP DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the hospital ar ottending physician.

24 FUNERAL DIRECTOR Major M. Osborne

230 BURIAL, CREMATION, REMOVAL Burial

Williamsport, Maryland

25d. LOCATION STATE
SharpsburgWashingtonMaryland Nov.26,1982 Mt. View Cemetery 6 1982

and the state of t The state of the s Server of market to produce the server of th Market and the second of the s

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled we with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

rector, page 3

		STA	TE OF	MARY	AND	
DEF	ARTMENT	OF	HEALT	H AND	MENTAL	HYGIENE
	CE	RTI	FICA	TE OF	DEATH	

2	9	9	-	Lan	1
lin	dies	-	cod	3	

8

1-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE Ö Z	10	, 4 3	3 4		
	CEASED NAME FIRST	WIODLE	MIDDLE LAST			MONTH	OAY YEAR	26. HOUR		
(TYRE	ORRRINT!	zabeth Bl		lack	November 20.1		1982	8:35A		
3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS		
	FEMALE	NEGRO		29.1905 YEAR	77	YRS.	MONTHS DAYS	HOURS MIN		
1 W C	RTHPLACE (STATE OR FOREIGN COUNTRY) BEORGIA	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIEI WIDOWE	D NEVER MARRIED	Montgome	_	Y OF DEATH			
10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Montgomery Ge	ING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYREOF WORK FOR MOST RATIROAT	ION OF WORKING	LIFE) INDUSTRY	F BUSINESS O		
130. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN MARY LAND MONTGO	OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE AOMISSION)	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS		OAKS D	2090 RIVE		
14. FA		GETER RUCK	(FR	15 MOTHER'S MAIDEN NA/ FIRST AMANDA	MIOOLE	OLBRO	OK LAS	T		
16a W	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SEC		17 INFORMANT	ADDR		VK			
(4	YES, NO OR UNKNOWN) (1F YES, GIVI	579-40	40-7040 BERNADA BROOKING SAME AS 13 DAUGHTER							
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	y one couse per line for (a), (b) a	nd (ct.)	d A	2005		BETWEEN	MATE INTERVAL		
	IMMEDIATE CAUSE (0) Comirative 117037									
	1									
	Conditions, if ony, which (b) Anocal cenical									
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU					1	1000		
	underlying couse lost. (c) Maines Runia									
N N	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDING CAUSES			
	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19									
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	FARM FIC)	211. LOCATION	CITY OR T	OWN	COUNTY	STATE		
>	AT WORK NOT WHILE		100	+17 00	.11.	. 20	01.			
	22e. I certify that fill (this hospital) attended the deceased from 1982, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obove (1) (we) (did) (did not) visit the body after death.									
	22b. SIGNATURE	the body offer death.		DEGREE ATTENDING PHYSICIAN [MEDICAL STA	AFF CIAN [224. DATE	SIGNED 1 8 L		
	22d. PHYSICIAN'S DAME (TYRE O	R RRINT)		22e. ADDRESS						
	Lewis A. Ke	ellert,M.D.		18111 Prin		Dri	ve;01n	ey,MD		
23a. B	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE		
	BURIAL	11/26/82 P	ARKLAU	IN CEMETERY	ROCKVILL		MONT	MD.		
	UNERAL DIRECTOR FRANC			110	E REC'D. BY REGISTRA	256. REGIS	STRAR'S SIGNAT	URE .		
		STILLED SPRING	MD (20901 N	N Z Z 1985	100	unghol	amily		

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

We about an engineer than an

	0	
	ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Po	
	P	
	ofter	
2	50	
4	hou	
	24	
5	E C	
-	N.	
2	ó	
	9	
4	eci	
2	ě	
	pe	
2	ote	
2	Fice	
2	1	
2	2	
2	÷	
3	de	
_	he	
	+	
5	th	
4	es Se	
3	5	
5	ě	
THE STATE OF A LINE RECORDS, AND THE STATE OF ST	3	
ć	The	not are attending physicion.
	ž	VSI
-	4	4
,	20	5
5	<u>></u>	ip
2	0	1
	9	-
2	8	ò
	Z	70
	1985	-

		STATE REGISTRAR			ATE OF DEATH	REG. NO.		
		CRASED NAME FIRST ANNA	MIDDLE K	BI	AKE	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR - 10 - 82 212	
	3. SEX		4. RACE	5. DATE OF B	1 - 1 - 1	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2.	
ai.	7a. Bif	emale RTHPLACE (STATE OR FOREIGN	White	Y2 8	11 1892	89 YE		
ot one	C	sh., D. C.	U. S. A.	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Montgome		
notified a	Ga	u'thers burg	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI	SING HOME OR C		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOUSEWIF	12b. KIND OF BUSINES IG (IFE) INDUSTRY	
35	13a. S	d. In co	or other institution, give residence befunty 13c. CITY OR TO toom	ac 136	es 📉 No 🗆	13e. STREET ADDRESS 8608 Red Co	at Lane 2085	
ou in	14 FA	THER'S NAME	MIDDLE LAST		MOTHER'S MAIDEN NAM	WE	Daughton	
licole		Peter VAS DECEASED EVER IN U.S ES. NO OR UNKNOWN) (IF YES.		CURITY NO. 17	Emma INFORMANT	ADDRESS	8608 Red Coa	
e medi		NO	578 503	05400 PM	Irs. George	e W. Snowden		
event, th	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) COTOLIO TESPICIATION (C)							
roumotic		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEC	Graf T	hrombo	5) 5	1 les.	
or other t		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSECUTION (c)	DENCE OF	orterios	lerosis	lyn.	
njury.	N C	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	O DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1101	
g G G	CERTIFICATION	190 DATE ON OPERATION	196 CONDITION FOR WHIC	CH OPERATION W	AS PERFORMED	200 AUTOPSY? 20b. IF IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO	
18 81	WEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER NOTIFY MEDICAL EXAMI	DEATH HOUR A.M. MONTH	DAY YEAR	c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY IN ITEM	TB PART (OR PART 2)	
ten l	<u>ā</u>	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC		f. LOCATION STREET	CITY OR TOWN	COUNTY STA	
med or Iten	2	WORK AT WORK						
s 21 is marked or Iten	W	Dia. I certify that (1) (this ho	spital) attended the deceosed from 19 not view the body after death.		not in (ny)(our) opinion o	eoth occurred on the date and	, 19, that (i) we hour and from the couses state	
NT: If them 21 is marked or Iten	M	No.1 certify that (1) (this hose we the deceased observed, (1) (we) (did) (did 1) the SIGNATURE	not view the body after death.	DEG	ATTENDING PHYSICIAN	, to		
MPORTANT, if them 21 is marked or then		No.1 certify that (1) (this hose we the deceased observed, (1) (we) (did) (did 1) the SIGNATURE	Moore Jc.	DEG	ATTENDING PHYSICIAN PHYSICIAN	MEDICAL STAFF	221. DATE SIGNED	

DHMH-16 50M 1/81 (VRA 15, 4)

O HOSPITAL

BP.

Milder of the control Conference parties - Switte CONTRACTOR OF STREET STREET, STREET STREET, ST Think of the facility of the

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

NE	8	2		2	9	3	5	6
		REG. N	0.					
o. D/	ATE OF	DEATH	MONTH	DAY		YEAR	2b. HOUR	
NT ~	TT 0 "	. 1	2.2	1	00	2.2	50	4 2

REGISTRAR			CERTII	FICATE OF DEATH	REG. N	0.		
1. DECEASED NAME FIRST		MIDDLE		LAST		MONTH	DAY YEAR	2b. HOUR
Clif:	ford	0.	B1a	nd	November	22.	1982	5 4
. SEX	4. RACE		4	OF BIRTH	6. AGE (IN YEARS LAST BIR		MONTHS DAYS	IF UNDER 24 HRS
Male	Caucas	ian	Octo	ber 6, 1910	72	YRS.		MIN.
BIRTHPLACE (STATE OR FOREIGN Virginia		States	8. MARRIE WIDOW		Montgomer			MD.
Gaithersburg	LIE NOT IN SI	HOSPITAL, NURSIN ICHFACILITY, GIVE STREET Darnest	NG HOME	OR OTHER INSTITUTION	120. USUAL OCCUPAT LIYPE OF WORK FOR MOST O Foreman	ON	12b. KIND C	F BUSINESS OR
Maryland Moss	tgömery	Gaitine is		136. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 12024 Darr	nesto	(20878) wn Road	
4. FATHER'S NAME Thomas	MIDDLE	Bland Bland		15. MOTHER'S MAIDEN NA Mary	MIDDLE		Tate	ST .
60. WAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES!	213 18 6		Martha E.Bla				rland
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	r only one couse po	er line for (a), (b), an	id ici.	Tenic (an			BETWEEN	ONSET AND DEATH
gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAT								0,
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CON	DITION FOR WHICH		ON WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDING CAUSES	
OR CONTRIBUTING CAUSE OF	DEATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR		RED (ENTER NATURE OF INJU	RY IN ITEM 16	PART 1 OR PART 2)	
WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, I	FARM, ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
220.1 certify that (1) (this has sow the deceased alive above, (1) (waited) (dig		/	-	nd that in (my) (out) apinion	death accurred on the d	ote and he		
77b. SIGNATURE	yes		-	ATTENDING PHYSICIAN	MEDICAL STA		127c. DATE	SIGNED /XZ
226. PHÝSICIAN'S NAME (TY Ronald	E. Greg	ger, M.D		12105 Darn	estown Roa	ad G	aithers	sburg,
(SPECIFY) Burial	20,	1982 Ro	hrers	cemetery or crematory ville Cemetery	7 Rorhers	/ille	, Maryla	and STATE
HOMES, P.A.				NERAL 250 DAT	V 26 1982	25b. REGI	STRAR'S SIGNAT	URE

DHMH - 16 50M 4/B2

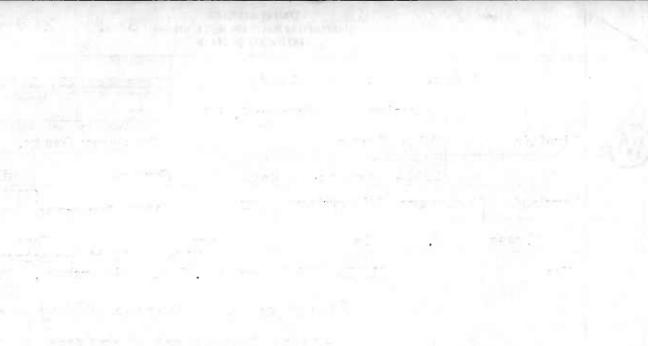
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in thy should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be the

morked or hem 18 sho

MPORTANT: If hem 21 is

HOMES, P.A., ROCKVILLE, MARYLAND

(VRA 15, 4)



Market Control of the Control of the

AND THE RESERVE OF THE PARTY OF

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or offending physician.

executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND	63		
EPARTMEN! OF HEALTH AND MENTAL HYGIENE	0	En	
CERTIFICATE OF DEATH			

1				STATI	OF MARYLAND	0.01	0 0	: 1 /
1	FOR		DEPART	MEN! OF H	EALTH AND MENTAL HYG	GIENE O &	6 7 "	, , ,
' '	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
1. DE	CEASED NAME FIRST		MIDDLE	i.	AST	20. DATE OF DEATH MONTH	1 DAY YEAR	26 HOUR
	ORPRINT)			121	0010	1.1	12-8	7 12:42
	REN			121	DUK	1	100	- TM
3. SE	X	RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DA	
	Male	h	/kite	8	1 25/ 15	67	rrs.	
7a. B	RTHPLACE A STATE OR FOREIGN 17	b. CITIZEN OF	WHAT COUNTRY?	8.	VV -	9. BALTIMORE CITY OR CO		T _k .
1	NEW YORK	10	SA	MARRIE		8 /		
-		U.	27	WIDOWE		Montgo M		MD.
Me.C	TY OR TOWN OF DEATH		FACILITY SIVE STREET		ROTHER INSTITUTION	TYPE OF WORK FOR MOST OF WORK		D OF BUSINESS OR RY
	ilver Dorika	Ho		s Ho	Spital	BUS DRIVER	TRA	ANSPORTATIO
	AL RESIDENCE UNURS HOLE		GIVE RESIDENCE BEFOR					
	MARY LAND	Y	BOWIE	/N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	CVED IA	00716
_		9	DOMIE		YES NO NO NAIDEN NA	1405 PENNYPA	CKER LA	20716
4. FA	ATHER'S NAME FIRST M	AIDDLE	LAST		FIRST	WIDDLE		LAST
1	JÖSEPH		BLOCK		FANNY		EPS	STEIN
160. V	VAS DECEASED EVER IN U.S. ARA		166. SOCIAL SECT	JRITY NO.	17. INFORMANT M	RS. BESSIE BLO	OCK 1405	;
1	YES NO OR UNKNOWN) I IF YES GIVE	ARMY	060-09-	3479	PENNYPACKER L		20716	
-	TEO MITT	Addit	000-03-	3470	FENNTFACKER L	A. DOWLE, MD		ZOVIJAV NE INTERNAL
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per	line far (a), (b), ar	id (c)				ROXIMATE INTERVAL
	PARTI. DEATH WAS CAUSED	CAUSE (D)	ARDIAE A	RREF	T RESPIRA	TORU FAILUR	_ 4	MMF
	4411			FNICEOF				
	Cardina di anno 11 d	DUE TO, O	R AS A CONSEQU	MA	LAR ACLIDE	A to	9	DAYS
	Conditions, if any, which gave rise to immediate	(p)	CEDISEN	VISCL	THE MEDICE	au .		
	cause (a), stating the underlying cause last.		R AS A CONSEOU					/
	Underlying coose lost.	(6)	4THEROSC	LEROT	TC CARDIOUR	SCULM DISE	ASE	
	PART 2 OTHER SIGNIFICANT C	ONDITIONS C						T 1(a
CERTIFICATION	ARTERIAL INSUF	FICIEN	Y IGHT	1.65	RENTLEATILL	es, HEPATIC F	AILURE	
F	190 DATE OF OPERATION		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FIN	
5	1112/82	Arre	DIA INIS	IFFIC	IENCY LETTE		CERTIFYING CAU	SES OF DEATH?
E				JF I I	21c. HOW INJURY OCCUR	S	YES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME C		AY YEAR	ZIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART	2)
EDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)		M.	19	107712			
ě	21d INJURY OCCURRED		OF INJURY		21f. LOCATION	CITY OF TOWN	COUNTY	STATE
E	WHILE NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE.	FARM, ETC	STREET	CITT ON TOWN		31416
	AT WORK AT WORK				1 60	- 11 112-	10 87-	1 1 1 1 1 1 1 1
	220 I certify that (I) (this haspit	7		92	19.00	death accurred an the date on	_	. that (1) (we) last
	saw the deceased alive an abave, (1) (we) (did) (did nat			, or	nd that in (my) (aur) opinion	death accurred an the date on	id hour and tram	the causes stated
	77h SIGNATURE	-//		a Tinci	DEGREE		22c. D	ATE SIGNED
	1.11/1 100	/ lhon		1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		112 82
1	274 PHYSICIAN'S NAME (TYPE OF	PRHE	-		22e. ADDRESS	Z S. C.		
	ICATULISTS -	a history	NEV A	I.D.		HILLP DR. OU	VEV NT	7.0827
	LAMBOOD L	YAXE				The Die Ou	101, 110	. 20052
23a.	BURIAL, CREMATION, REMOVAL	286. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		STATE
	(SPECIFBURIAL	NOV.14	,1982 S	WINICH	HER WOLINER B	EN. ASSOC. B	ALTIMORE	E MD STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and certificate by the dishold be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages I and 2 should be the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

ally injury, or other traumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 Upon

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO DRESS, MD 21215

ASSOC.

BALTIMORE

MD

SERVED OF STREET CONTRACTOR OF THE PROPERTY OF SENDS OF YOUR STREET OF RESIDENCE STREET

filled in by the funeral di hould be filed within 72 ho

	STATE OF MAKILAND
OR	DEPARTMENT OF HEALTH AND MENT
STATE REGISTRAR	CERTIFICATE OF DEAT

STATE OF MADVI AND TAL HYGIENE 8

REGISTRAR						REG. N	O.		
1. DECEASED NAME	FIRST		MIDDLE	45.50	LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
R	OZELL	E J	ETT	BOL	TON	NOVEMBER	7,	1982	2:28an
3. SEX		4. RACE			OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female		Caucas	ian	Nov.		78	YRS.	MONTHS DAYS	HOURS MIN.
To BIRTHPLACE (STATE C	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	R COUN	TY OF DEATH	
Puerto Rico		United	States	WIDOW		Monte	nome	ry Coun	tv MD
10. CITY OR TOWN OF D	EATH	11. NAME OF			OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND C	F BUSINESS OR
Olney	PER N	Montgo	mery Ger	nera	l Hospital	Admin. Ass			Navv
USUAL RESIDENCE (IF NO 130. STATE aryland	136 COUN		SilverSp	ADMISSION) N ring	13d. INSIDE CITY LIMITS?	3352 Chisw			
IL FATHER'S NAME		132 F	100000		15 MOTHER'S MAIDEN NA	ME			
Thomas	L	eland	Jett		Ida	Roze11	e	Lewi	
Ito WAS DECEASED EVE			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	55	DONA	20851
no	IN VES. ON	E WAR DR DATES	216 44 93	74	James Thomps	on 5629 Pie	r Dr	Rockwi	
PART L DEATH		ly one coute per D BY: TE CAUSE (m)	tine the fells and	e	Frilme			BETWEEN	MATE NOTERVAL DOUGHT AND DEATH
1576	2	DUE TO, O	RASA CONTEQUE	19 AT	tenin				
	ny, which mmediate	(60_	071	PUV	7.0172				
	iting the	DUE 10.9	CONCESTE SUR	62 Am	in Jeosi	5			
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								
PART 2 OTHER SI	GNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION G	IVEN IN PART 110	o ·
NO 190 DATE ALL PROPERTY WAS LESS TO THE PROPERTY OF THE PROPE	ATION	196 20ND	DION FORWHICH	OPERATIO	NAME SEREORMED '	20a AUTOPSY?	20h JE Y	ES, WERE FINDIN	VGS LISED
Old I	_	Buc	44	Quest	obstruction -	YES NO X	IN CERT	TIFYING CAUSES	OF DEATH?
21a. ACCIDENT WAS L	INDERLYING [21b. TIME C	F INJURY		21c HOW INJURY OCCUR				.,,,
	_		M. MONTH DA	Y YEAR					
OR CONTRIBUTING L		21e PLACE	OF INJURY		21f LOCATION			60000	-4-70
MUITE NOT	WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OF TO	WN	COUNTY	STATE
		ottended th	e deceosed from 1	0/8/8	32 19	to_11/6/82		. 19	that (1) (we) last
		11/6/8			nd that in (my) (our) opinion	death occurred on the de	te and ha		, ,
17k SUBMATURE	(dia) (dia no	i) view the body	greer death.	-1-	DEQUEE			22c. DATE	SIGNED
RIV	ST (9-12	sund,	111-	ATTENDING PHYSICIAN P	MEDICAL STAI	IAN 🗀	Marr	7. 1982
228 PHASICIAN'S	NAME (TYPE O	R PRINT)		1	22e. ADDRESS	1001	1.1	Nov.	
KABE		H- 10A	mat. M	か.D.	3906 Be	Tre Kd.	-Wh	cato, mo	. 20906
23a. BURIAL, CREMATION	N, REMOVAL	23b. DATE			Cemetery OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
Burial		Nov. 1	1982 A	rling	ton National	Arlingto	il,	vir	ginia

DHMH - 16 50M 4/82

the burial-transit permit. Then and Mental Hygiene prior tab

IMPORTANT: If Item 21 is marked or Item 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been

Burial Nov. 10, 1982 Arlington National A:

Nov. 10, 1982 Arlington National A:

Pumphrey Funeral Homes, 250 DATE REC'D. P.A. Rockville, Maryland (VRA 15, 4)

Arlington,

NOV 1 5 1982

C. O THEORY DISTRICT OF THE SOUTHWEST

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.

IMPORTANT: If them 21 is marked or them 18 shaws any injury, or ather trought

may be ,

poge 3 er deoth

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 5 9 2 9

1 - STAT	TE ISTRAR		DEPARTM		IEALTH AND MENTAL HYC		G. NO.	2 9 5	5 9
1. DÉCEASE			MIDDLE	ı	LAST	20. DATE OF DEA		DAY YEAR	2b. HOUR
(TYPE OR PRIN		Markey		R	ALIN	Nove	MBER	18,1982	5:50 AM
3. SEX	Viola	Mary .		5. DATE C	OF BIRTH	6. AGE (IN YEARS I		IF UNDER I YEAR	IF UNDER 24 HRS.
-	EMALE	WHI	TE	MONTH 10	H DAY YEAR	5	YRS.	MONTHS DAYS	HOURS MIN.
Ta. BIRTHPL	γ)	76. CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED	9. BALTIMORE C	ITY OR COUNT		ALTY UD
	yland TOWN OF DEATH	11 NAME OF	HOSPITAL NURSIN	WIDOWE G HOME (DIVORCED DIVORCED	12a, USUAL OCC			OF BUSINESS OR
Ruck	W116	COLLIAN.	CH FACILITY, GIVE STREET A	DDRESS)		TYPE OF WORK FOR		LIFE) INDUSTRY	
USUAL RES	IDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	1134. INSIDE CITY LIMITS?	13e. STREET ADD	DECC		
Marul	1 (100 (12) (1 (10) (10) (10) (10) (10) (10) (10)	аотели	Germantou		ESXX NO		Sworthy	, Dd	20874
M. FATHER	S NAME FIRST	WEIDIE	LAST	VII	15. MOTHER'S MAIDEN NA	AME	mir	LA	
	Garkton	USD CORCECS	Rohas	MILL AND	17 INFORMANT		ADDRESS		
	ECEASED EVER IN U.S. AR	WAR DEDATES	SOCIAL SECU	-	District Control of the Control of t		The state of the state of		
No		ale meso, centrarin	212-74	- 9386	Gladys Keken	es daught	er Same	as 13	
Con gay	AUSE OF DEATH WAS CAUSE IMMEDIA ditions, if any, which e rise to immediate to lot, stating the erlying cause loss.	DE TO, O	R AS A CONSEQUE	oc of	lring 1	ned s	lukel lukeli	SETWISH	Degit and DEATH
100	2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	minal disease or	CONDITION G	IVEN IN PART 1	a
CERTIFICATION 180 D	ATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	YES NO	IN CERT	ES, WERE FIND! TIFYING CAUSES YES	NGS USED S OF DEATH? NO
	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF DE	HOUR A	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE	E INJURY IN ITEM 18	S PART I OR PART ?)	
WHII AT WO	NJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	711. LOCATION STREET	СіТ	Y OR TOWN	COUNTY	STATE
	certify that (I) (this hasp saw the deceased alive ar abave, (I) (we) (did) (did no	1///2	19 8	oyu	nd that in (my) (our) opinion	death accurred on	the date and he		that (I) (we) last causes stated
276	WAR FIRE	KOMD	FOR	s Mo	DRE ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN ["U	19/19
	bor E. Frek		For Jame	s re, M	D. Gaith	1 Montgo nersburg,	mery Vi Maryla	Illage Avand 208	ve., 879
23a. BURIA	L, CREMATION, REMOVAL	23b. DATE			CEMETERY OR CREMATORY	23d. LOCATIO		COUNTY	STATE
	Burial	Nov. 2	2.1982 For	rt. Li	ncoln Cemeter				laryland
			ollinspress			TE REC'D. BY REGIS			
500 U	niversity Bo	ulevard	. W. Silv	er Sp	ring. Md. NOV	22 1982	Jaca	- Se Car	ucely

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

The state of the s

the Assert white as property and provided and

5
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after family. For each televined by the hospital or otherding physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the forman printing page. I should be detached far use as the burial-transit permit. Then please remove corban pages 1 and 2 should be filled within 72 than after dentity with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayol.

STATE OF MARYLAND

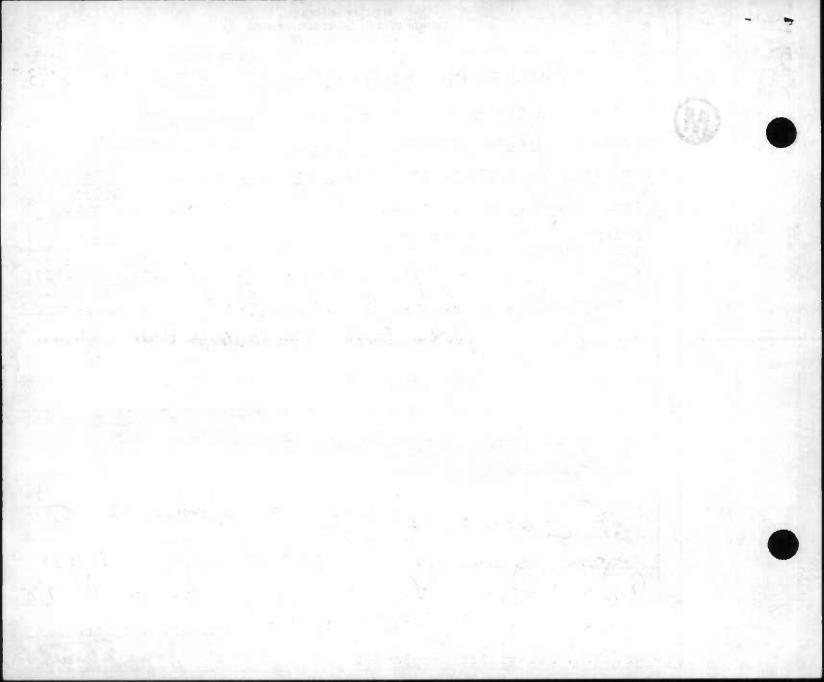
Homes, P.A. Rockville, Maryland 20850

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

29560

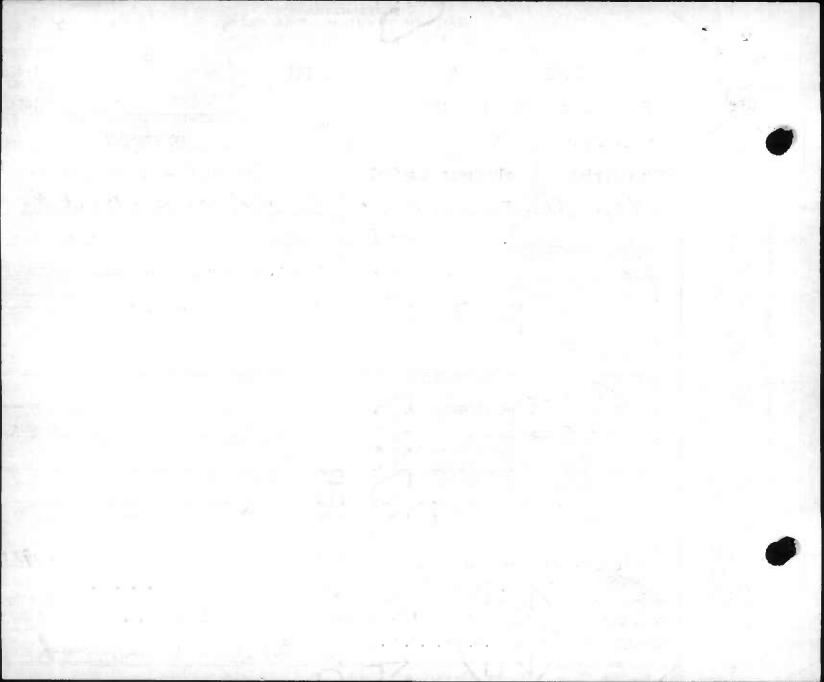
	REGISTRAR		CERTIFICATE OF DEATH	REG N	10.	
	ECEASED NAME FIRST	WIDDLE	B LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
-	V	INNIE M.	Poroughs	11 -	-10-82	6:43
1. SE	EX.	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY) IF UNDER 1 YE	
1	Female	Caucasian	Aug. 16, 18		YRS.	TOURS MIN.
e. Bi	IRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	** MARRIED NEVER MARRIE	9 BALTIMORE CITY	OR COUNTY OF DEATH	
	aryland	United State	S WIDOWED TO DIVORCE		nery Count	.v M
10 C	CITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTIO	N 12a USUAL OCCUPAT	ION 126. KIN	OF BUSINESS OF
K	ensington	Circle Mano	r Nursing Hom	e Homemake		lome
USU	JAL RESIDENCE (IF NURSING HOME STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	DRE ADMISSION)		200	
	100 00	unity 13c city or to		13e STREET ADDRESS	lennes Ave	
	ATHER'S NAME		15 MOTHER'S MAID		chies hve	Huc
	Millard	Boroug	hs Minni	e	Slat	er
16a V	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166. SOCIAL SEC	CURITY NO. 17 INFORMANT	7 000	EssTilden I	ane
1	No	220-26	77037 Cecil H	. Watts Rock	ville. MD	20852
	III. CAUSE OF DEATH (Enter	poly one count per line for A. A.	nd (c.)	_ // /		OXIMALE POTERVAL
	PART L DEATH WAS CAUS	SEG BY	2-10. It to	Short A	- STATE	N CHOIL AND DEATH
	Conditions, if any, which gave rise to immediate cause to stating the underlying come lost	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	WSiter Fre G	Anolis Manfan	Disagre (Jenne
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	IDITION GIVEN IN PART	lio
AT	190 DATE OF OPERATION	1% CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN	
TIFIC	THE DATE OF OPERATION			YES TO NOT	IN CERTIFYING CAUS	ES OF DEATH?
CERTIFIC	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY O	YES NO X	YES	NO
AL CERTIFICATION	230, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	YES NO COURRED (ENTER NATURE OF INJU	YES	NO
	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 21t. HOW INJURY O	- 44.0	YES	NO
MEDICAL CERTIFIC	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D [IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY INTERPRED	216. TIME OF INJURY HOUR A.M. MONTH (IER) P.M.	19 211 LOCATION	- 44.0	YES	NO [
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH [P.M. 21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE	19 211 LOCATION	CCURRED (ENTER NATURE OF INJU	YES	NO DEATH?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED AT WORK NOT WHILE AT WORK AT WORK 22a.) certify that (1) this has	216. TIME OF INJURY HOUR A.M. MONTH [P.M. 21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE	19 211 LOCATION STREET	CCURRED (ENTER NATURE OF INJURE OF INJURE)	YES DIRY IN ITEM 18 PART I OR PART :	STATE
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIFETHER NOTHER MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. 1 certify that (1) this has sow the deceased give a obover of we) did field	21b. TIME OF INJURY HOUR A.M. MONTH [P.M. 21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE	PARM ETC) 211 LOCATION STREET , 19 , and the (in (nu) (our) or	CCURRED (ENTER NATURE OF INJU	YES DIRVINITEM IS PART I OR PART :	STATE . the (1) (ye) loshe couses stoted
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED AT WORK NOT WHILE AT WORK AT WORK 22a.) certify that (1) this has	216. TIME OF INJURY HOUR A.M. MONTH [P.M. 21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE	PARM EIC) 711 LOCATION STREET . ond the (in, (max) (our) on	CCURRED (ENTERNATURE OF INJURE OF IN	YES DIRY IN ITEM 18 PART I OR PART :	STATE
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK IN OCCURRED 220.1 certify that (1) this has sown in decreased after a obover of two (did felical 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH D.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) pitol) otterded the deceosed from the property of the deceosed from the property of the pody offer death.	PARM ETC) 211 LOCATION STREET 19 . 19	CCURRED (ENTERNATURE OF INJURE OF IN	YES DIRY IN ITEM 18 PART I OR PART :	STATE . the (1) (ye) loshe couses stoted
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY HOT (I) this hos sow the deceased dive a obeyeast (we) (did (did a 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH D.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) pitol) otterded the deceosed from the property of the deceosed from the property of the pody offer death.	PARM EIC) 711 LOCATION STREET . ond the (in, (max) (our) on	CCURRED (ENTERNATURE OF INJURE OF IN	YES DIRY IN ITEM 18 PART I OR PART :	STATE the (1) (ye) los he couses stoted
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK IN OCCURRED 220.1 certify that (1) this has sown in decreased after a obover of two (did felical 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH DEFEN P.M. 21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE) pitol) ottended the deceased from t	PARM ETC) 211 LOCATION STREET 19 . 19	CCURRED (ENTERNATURE OF INJURE OF IN	YES DIRY IN ITEM 18 PART I OR PART :	STATE the (1) (ye) los he couses stoted
WEDICAL ASSOCIATION OF THE PROPERTY OF THE PRO	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY HOT (II) this hos sow the deceased of the coopy of the light of	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE pital) otterday the deceased from	PARM EIC) 211 LOCATION STREET 212 LOCATION STREET 19 214 LOCATION STREET 19 215 LOCATION STREET 19 216 LOCATION STREET 217 LOCATION STREET 218 ADDRESS 228 ADDRESS 228 ADDRESS	CCURRED (ENTER NATURE OF INJURE OF I	YES DIRY IN ITEM 18 PART I OR PART :	STATE the (1) (ye) los he couses stoted TE SIGNED 1-10-5-1
WEDICAL ASSOCIATION OF THE PROPERTY OF THE PRO	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIFETIHER NOTHER MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 270. I certify that (I) this has, sow, madecased after a object of the control of	21b. TIME OF INJURY HOUR A.M. MONTH INTERNITY P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) 21b. TIME OF INJURY (AT HOME, STREET, FACTORY, OFFICE) 21c. And	PARM ETC) 211 LOCATION STREET 19 . 19	CCURRED (ENTER NATURE OF INJURED), to	YES DIRY IN ITEM IS PART I OR PART : OWN COUNTY Ote and hour and from to the and hour and from to the and hour and from to the angle of the angle	STATE STATE STATE STATE

DHMH - 16 50M 1/81 (VRA 15, 4)



20M 4/82

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

L	REGISTRAR			CERTII	FICATE OF DEATH	REG.	NO.		
	DECEASED NAME FIRST TYPE OR PRINT) RUTH		THERALD		DADBENT	2a DATE OF DEATH		AY YEAR 5, 1982	2b. HOUR 6 BO PM
3.	FEMALE	4 RACE WHITE.		5. DATE O		6 AGE (IN YEARS LAST I		ONTHS DATS	IF UNDER 24 HRS HOURS MIN.
A	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY MONTGOM	OR COUNTY	OF DEATH	MD.
i	TAKOMA PARK	WASHING	TON ADVEN	TIST	HOSPITAL ,	HOUSEWIFE			OF BUSINESS OR
1	1d. 20912 Mon	AE OR OTHER INSTITUTION OUNTY tromery	Takomaow Park	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13407 Linco	ln Aven	nue	
7 14	Joseph	John We	therald		Sallie	MIDDIE		Raifor	rd
16	WAS DECEASED EVER IN U.S.	. ARMED FORCES? S. GIVE WAR OR DATES)	579 01 1		Robert L. Br		ame as	#13 (F	lusband)
	Conditions, if any, which gave rise to immediate cause (0), stating this underlying couse last	DUE TO, O	R AS A CONSEQUE	NCE OF	Myocandi Coronary Not related to the term	Artery	Disegre		0.
TO LEAD IN	190 DATE OF OPERATION 1///3/8 Z 210. ACCIDENT WAS UNDERLYING				on was performed be for for Bloch	20a AUTOPSY?		WERE FINDING CAUSES	
and in the		P 21b. TIME C HOUR A	DF INJURY M. MONTH DA M.		21¢ HOW INJURY OCCUR	, A	JURY IN ITEM 18 PAR	RI I OR PARI 2)	NO
2344	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET FACTORY OFFICE, F	ARM EIC)	211. LOCATION STREET	CITY OR 1	IOWN	COUNTY	STATE
	22a.1 certify that (1) (this h sow the deceased alive above, (1) (we) (did) (did	on 1/-1.	5 105	2	nd that in (my) (aur) opinian	death accurred on the	dote and hour o	and fram the	
	226. SIGNATURE		1 cm	m		MEDICAL STA	AFF ICIAN []	22c. DATE	115-18Z
	LOUIS	LARC:	4		22e ADDRESS WASHI	ngTon.	Adve.	NTIST	Hos?

23c NAME OF CEMETERY OR CREMATORY
Ft. Lincoln Cemetery

O FUNERAL DIRECTOR:

MPORTANT: If he

Francis Gasch's Sons Funeral Home, P.A. Hyattsville, Maryland

23b. DATE 11/20/82

23a BURIAL, CREMATION, REMOVAL

Burial

Brentwood Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

in the second se

Innial 11/20/20 Pt. Line-In Caletery Contract '.G. 'Mrstand

ing and second partition in the second

	STATE OF MARILAND
FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH

24 FUNERAL DIRECTOR 4217 9th St. NW Marshall's Funeral Home, Washington, D.C.

CTATE OF MADVIAND 9 ENE 8

2

REGISTRAR			CEKIII	ICATE OF DEATH	REG. N	Ю.		
1. DECEASED NAME FIRST (TYPE OR PRINT) Ophel	ia (NMN)	Broc	ome	November		982	26 HOUR 1 5:15 M
Female Female	4. RACE Negro		NOV.	OF BIRTH 8, DAY 1949 EAR	6. AGE (IN YEARS LAST BIR		MONTHS DAYS	IF UNDER 24 HRS
7e. BIRTHPLACE (STATE OR FOREIGN GEORGIA	U.S.		WIDOW		Montgomery			MD.
Bethesda	NIH,	Clinical	Cente	PROTHER INSTITUTION	Usual OCCUPAT Unemploy			OF BUSINESS OR
Michigan	E OR OTHER INSTITUTION DUNTY	13c. CITY OR TOW Mt. Morr	N	YESXX NO [130 STREET ADDRESS 6009 Renwo	od Rd	. 4845	8
Lindsay	MIDDLE	Gate		Ozell	WIDDLE		Parham	
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES)	ARMED FORCES? GIVE WAR OR DATES)	370-56-2		Mrs. Mary Bu	ADDR nkley(siste	er)Det		Juan St. Ii
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	HEED BY			eding, source	unknorm		BETWEEN O	MATE INTERVAL ONSET AND DEATH
Conditions, if any, which	DUE TO, C	R AS A CONSEQUE	NCE OF	bocytopenia	OHAHOWH		days	
gave rise to immediate cause (a), stating the underlying cause last	DUE TO, C	R AS A CONSEQUE	NCE OF	eukemia with e	involv xtensive sk			
	_			NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART TO	2
History of 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				N WAS PERFORMED	200 AUTOPSY? YES ☒ NO ☐	IN CERTIF	S, WERE FINDING CAUSES	NGS USED OF DEATH? NO
	DEATH HOUR A	DF INJURY .M. MONTH DA .M.	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART I OR PART 2)	
OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AF WORK	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
220.1 certify that 🏋 (this h saw the deceased alive abave, 🏋 (we) (did) (di	aspital) attended the an Novemb	er 23 19 8	Septe	ember 25, 19 82 nd that in (nX) (aur) apinian (, to <u>Novembe</u> death accurred on the d	ate and hau	19_82 , r and from the	that X (we) last causes stated
27b. SIGNATURE	in high	cen	Le	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	11/2	SIGNED 23/82
Joel M. Dept		`		National Inst			ı vland	20205
230. BURIAL, CREMATION, REMO	236 DATE 11/2'			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Flint	Mich	county igan	STATE
24 FUNERAL DIRECTOR Marshall's Fu	neral He	4217	9th	C+ NTIAT 250. DAT	V 2 9 1982	To am	J. Cali	ulf

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicia should be detached for use as the bunal-transit permit. Then please remove carbampapers, with the State Dept, of Health and Mental Hygiene prior to burial, crematian, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital or attending physicial njury, ar ather traumatic event, th

IMPORTANT: If them 21 is marked or them 18 shows any

ministrate of favours a fillness set

STATE OF MARYLAND

1 - S	TATE EGISTRAR	DEFARIM	CERTIFICATE OF DEATH	REG. NO.	, , , , ,
(TYPE OR	TRANCE	TICHE	BROWN	20 DATE OF DEATH MONTH	12 82 630 M
3. SEX	FEMALE !	White	5. DATE OF BIRTH MONTH DAY YEAR 7 12	6. AGE (IN YEARS LAST BIRTHDAY) 76 YRS	MONTHS DAYS HOURS MIN.
COU	WASHIDC	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OR COUNTY	TY OF DEATH MD.
Tak	oma Park	SII 90 NARD	EN NZG. 14 ON	120 USUAL OCCUPMION (TYPE OF WORK FOR MOST OF WORKING HOUSE WIFE	LIFE) 126. KIND OF BUSINESS OR INDUSTRY HOME
Vir	REZZ5567 ^{UR} UK OKA ginia Orange ER'S NAME		130. II SIDE CITT CITTING	Rt. 2. Box	174A1
E	FIRST	NTCASTLE	IS. MOTHER'S MAIDEN	HODLE	Melven
(YES	DECEASED EVER IN U.S. ARME NO OR UNKNOWN) (IF YES, GIVE W.	AR OR GATES)		Rt. ADRESS BOX	x 312-B-2
	PART I. DEATH WAS CAUSED B 4960 Conditions, if any, which gave rise to immediate ause (a), stating the inderlying cause last.	Y: AUSE (a) DUE TO, OR AS A CONSEQUE	ory faiture erminal chronic	c obstructive Lung.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NOI.	ART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION G	IVEN IN PART 110
CERTIFICATION 130	DATE OF OPERATION	196. CONDITION FOR WHICH (OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
CAL	B, ACCIDENT WAS UNDERLYING ROUTERBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) DIVINUAL OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH DA' P.M. 216. PLACE OF INJURY	Y YEAR 19 211 LOCATION	URRED (ENTER NATURE OF INJURY IN ITEM 18	
₹ V	VMILE NOT WHILE NORK	(AT HOME, STREET FACTORY OFFICE, FA	RM. ETC) STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive an abave, (1) (this haspital) s above, (1) (10/10 108	and that in (my) apini	, to, to	
11	//	A 74 00		MEDICAL STAFF	22c DATE SIGNED

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior tab retained by the haspital ar TO FUNERAL DIRECTOR TO HOSPITAL BP

certificate has been

as the burial-transit per

IMPORTANT: If frem 21 is marked ar Item 18 sta

ATTENDING PHYSICIAN: The la

DHMH - 16 50M 1/81 (VRA 15, 4)

M.D 230. BURIAL, CREMAT 23b. DATE

22e ADDRESS

Va.

(SPECIFY) Burial
24 FUNERAL DIRECTOR 11-16-82 Arlington Nat. Cem. Arlingtn, Arl.

The Huntt Funeral Home, Waldorf, Md.

Virginia Oreont untenville x 4m. 2, de 17601

as a serior bole, Lexionton one, ad-

seriel li-li-12 thindren out, per orlingto, bul. ______ Ne.

The Numbt Functil Name, Welgarf, No.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled III should be detached for use as the build-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is marked ar Hem 18 shaws any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6

1	FOR - STATE REGISTRAR			EALTH AND MENTAL HYG	REG. NO.	29503
	ECEASED NAME FIRST PE OR PRINT) EX DOG P	Ph NACE White	Oason S. DATE O	Brown, In	20. DATE OF DEATH MONTH	18 82 11 A
Wa.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Shington D. C. CITY OR TOWN OF DEATH WILLIAM SOLUTION	76 CITIZEN OF WHAT CO	OUNTRY? 8 MARRIED WIDOWES	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY ON TOOM 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN)	NTY OF DEATH NET U ME 12b. KIND OF BUSINESS OR INDUSTRY
130.	JAL RESIDENCE (IF NURSING HOME O STATE 13b COU	OTHER INSTITUTION GIVE RESIDENTY 134. CIT	IVEN Sprin	13d. INSIDE CITY LIMITS? YES NO D MOTHER'S MAIDEN NAI	Central Office	Tach. C & P xe p 2090
	JOSEPH M WAS DECEASED EVER IN U.S. AL (YES, NO OR UNKNOWN) (IFYES, GI	RMED FORCES? 166 SOC	OWN ST.	Grace 17 INFORMANT	ADDRESS un Wife Same	Lent
NO	PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A C	ONSEQUENCE OF	7 1000	real metaltación. Thyporid INAL DISEASE OR CONDITION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SMEN. 10 yrs. 15 yrs. GIVEN IN PART 110
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION	WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED RT IFYING CAUSES OF DEATH? YES NO NO
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE OFF EITHER NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK NOTHY WHILE AT WORK 22a.1 certify that (1) (this hasp	HOUR A.M. MO P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTO	NTH DAY YEAR 19 RY RRY, OFFICE, FARM, ETC.) ed from	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE , 19 2 , that (1) (we) last
	Now the decessed of the property of the proper	Kloleman	n KO	d that in (my) (our) apinion of pegree ATTENDING PHYSICIAN (1226. ADDRESS 7 24/	COCUHBIA	11/18/82 BUD, ML. 20910
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial UNERAL DIRECTOR	Nov. 20, 198	2 Ft. Liv	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN Brentwood	Pr. Geo. Md.
	NAME Fran 00 University B	cis J. Colli		Md. Zso DATI	V22 1982	Cu & Cohill

Francis J. Collinsess 500 University Blvd. W. Silver Spring, Md.

BP

retained by the haspital ar attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

Spark mal seepere sme Chisaman Per Town Sud on Inthone 1974 Coldress of Thirthe Maperid 1 Miles was a facility 1. O'F. 1. 1. 58/31/11 STITULE LILLEREN BO GENT CORCUPANA BUILD TO NO TAMES R COLEMAN

11)_	
+		

star, page 3 after death

24 hours after death. Page

STATE OF MARYLAND

1.	FOR STATE REGISTRAR			DEPARTM		FICATE OF DEATH	REG. N	6	7 0	0	0
	CEASED NAME E OR PRINT)	n na was			TEIN	20 DATE OF DEATH	MONTH 0A	Y YEAR	9 2		
3. SE			4. RACE		5. DATE (6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER	24 HRS MIN.
	MALE		WHITE		AUG	BUST 10,1893	89	YRS.			
	POLAND		u.s.A		WIDOWI		9 BALTIMORE CITY O	_	F DEATH		MD.
1	BETHESDA		SE NOT IN SUC	IBURBAN HO	OSPIT	OR OTHER INSTITUTION	120. USUAL OCCUPATI ITYPE OF WORK FOR MOST O MERCHA		126. KIND C INDUSTRY DRY		SSOR
13a.	AL RESIDENCE (IF NURS MARY LAND	13b GON	GOMERY	RUCKVIL		136. INSIDE CITY LIMITS?	13e STREET ADDRESS 257 CO	NGRESSI	IONAL	LANE	
	MENDEL MIDDLE BURSTEIN			HANNÄH	ME MIDDLE	(UNAS	SCERTÂ	INAB	LE)		
160 \	VONO OR UNKNOWN)		MED FORCES? WAR OR DATES)	141-28-		MRS. GLORIA	STURM, SIL	47 BUCK VER SPI	KNELL	DRIVE	E
NOI	Conditions, if ony, gove rise to imm couse (o), statin underlying couse	nediote g the lost.	(b) DUE TO, OF	R AS A CONSEQUEI R AS A CONSEQUEI ONTRIBUTING TO D	EE D	NOT RELATED TO THE TERM MODERATE	INALDISEASE OR CON	DITION GIVEN	Z-	3 W.	ks
CERTIFICATION	19a. DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED	200. AUTOPSY?	206. IF YES, V IN CERTIFYII YES			H?
	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM IB PART	T I OR PART 2)		
MEDICAL	216 INJURY OCCURE WHILE NOT WH AT WORK AT WORK	ILE 🗍	21e PLACE ((AT HOME STR	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC)	21f. LOCATION STREET	CITY OR TO	wn	COUNTY	5	TATE
	22a. I certify that (1): saw the decease above, (1) (we) (a	d olive on_	11/22	182 19	11/1	9197, 19 nd that in (my) (aux) opinion o	to 11/27 death occurred on the do	192, 19 ote and hour o		that (I) (u	
	226. SIGNATURE	and	as Cx	Odvel	11 m		MEDICAL STAP	F IAN 🗌	NOV.	SIGNED 23,	1982
	FREDERI		,	LL, M.D.		50 WEST EDM	ONSTONE URI	VE, ROC	CKVILL	E. M1	0

TO HOSPITAL OR ATTEN

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

the burial-transit permit. The and Mental Hygiene priar to

should be detached for use as with the State Dept. of Health

MPORTANT: If them 21 is marked at them 18 shaws

jury, ar ather traumatic event, the

236 DATE

23c. NAME OF CEMETERY OR CREMATORY

23n. BURIAL, CREMATION, REMOVAL BURIAL MEMORIAL FUNERAL HOME W., WASHINGTON, D. C. POUNA POEMPR STEIN HEBREW 232 CARROLL STREET, N.

23d. LOCATION GARDEN KING DAVID MEMORIAL

250. DATE REC'D BY REGISTING 25 DE GISTEAS GIGNATURE

1	V
6	
0	

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	2	9	5	6	-

1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	D.		
	CEASED NAME E OR PRINT)	Frances		L.	В	urton	20. DATE OF DEATH November			2b. HOUR
3. SE	× Female	4.	RACE Bla	ack	S. DATE O	5 11, 1934 ^{AR}	6 AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS
	IRTHPLACE (STATE COUNTRY)	orforeign 76	U.S.	WHAT COUNTRY?	MARRIE WIDOWE	D XXNEVER MARRIED DIVORCED	9. BALTIMORE CITY O	R COUNTY C	F DEATH	MD
	Silver Sp			HOSPITAL, NURSIN HEACHTY, GIVE STREET A 54 GOOD HO		or other institution rive	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSE)	F WORKING LIFE)		OF BUSINESS OR
13a S	AL RESIDENCE (FN STATE Md.	ursing home or of 13b. COUNTY MON	tg.	Silver S	admission) oring	13d, INSIDE CITY LIMITS? YES NO	13°1SIREEJ ADDRESS.	Hope I	Drive	
14. FA	ATHER'S NAME First Fra	ncis S.	Bostor	LAST		15. MOTHER'S MAIDEN NA/ FIRSTODER			LAS	51
16a V	WAS DECEASED EV YES, NO OR UNKNOWN)	ER IN U.S. ARME		166. SOCIAL SECU	RITY NO.	John M. Burto	ADDRE		as #1	3
	Canditions, if a gove rise to cause (a), standardying can	immediate	DUE TO, O	R AS A CONSEQUE	NCE OF	ruic Carai	0	1		
LION			NDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	OITION GIVEN	IN PART 11	0
CERTIFICATION	190 DATE OF OPE	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		_	NGS USED OF DEATH? NO
	210. ACCIDENT WAS OR CONTRIBUTING [CAUSE OF DEATH	21b. TIME O HOUR A P.,	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)	
MEDICAL	21d. INJURY OCCU	WHILE WORK	210. PLACE ((AT HOME STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	saw the dece	(I) (this haspital ased alive an) (did) (did nat) v	OCT.	e deceased from	0 - 1	nd that in (my) (our) opinion (death accurred on the do	2, 19 ite and hour o		that (1) (we) last causes stated
	22b. SIGNATURE	ezar	1. F	mex		DEGREE ATTENDING PHYSICIAN D	MEDICAL STAF	F IAN []	221. DATE	SIGNED 1.12, 1960
	CEZA		DPEZ	MD		1210 ADDRESS	· Philip Du	. 01	LIEU	nan

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral c should be detoched for use as the buriol-transit permit. Then please remove carbanpopers. Pages 1 and 2 should be filed within 72 h

as the buriol-transit permit. Then pleased the and Mental Hygiene prior ta burial,

should be detoched for use as with the State Dept. of Health

MPORTANT: If Hem 21 is morked or Hem 18 shows any

injury, or ather traumotic event,

George R. Snowden

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

24. FUNERAL DIRECTOR

Burial

246 N. Washington St

23b. DATE

Nov 16, 82

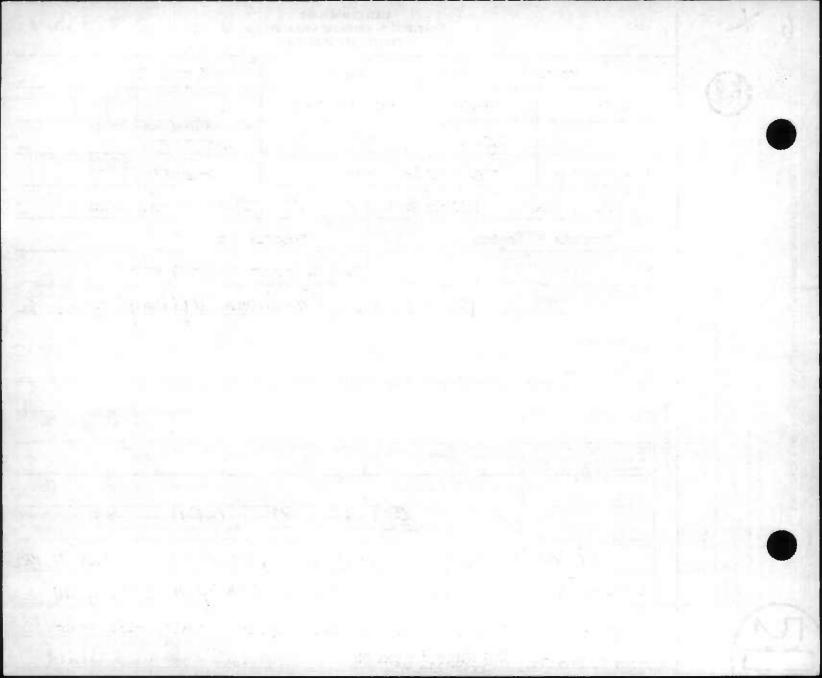
23d LOCATION
CITY OF FOWN

Sandy Spring, Montg, Md

SCORRES SEGNATURE 250. DATE REC'D. BY REGISTRAR 254 8

23c. NAME OF CEMETERY OR CREMATORY

Ash Memorial Cemetery

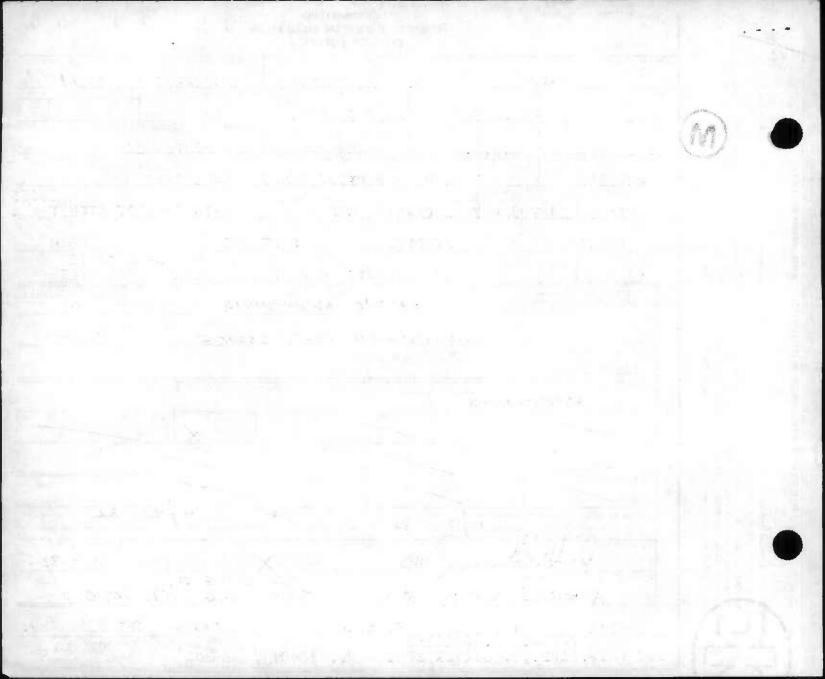


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other traumatic event, the medical examiner must be notify

	1.	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 2	2 9 5	68
		CEASED NAME FIRST	WIDDIE		AAST		AONTH DAY YEAR	26 HOUR
		GE	RTRUDE	M.	CAIRNS	NOVEMB		
	3. SE	X	4. RACE	5. DATE (6. AGE (IN YEARS LAST BIRTH	MONTHS DATE	
1		FEMALE	CAUCASIA		8. 1893	89	YRS.	
J		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHA	T COUNTRY? 8. MARRIE	D NEVER MARRIED D	9. BALTIMORE CITY OR	GOMERY	MD.
5		TY OR TOWN OF DEATH	(IF NOT IN SUCH FAC	PITAL, NURSING HOME (ILITY, GIVE STREET ADDRESS) GROVE ADVI	OR OTHER INSTITUTION	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF HOMEMA	WORKING LIFE) INDUSTR	OF BUSINESS OR
5	13a. S	AL RESIDENCE (IF NURSING HOME STATE 136. CO	OR OTHER INSTITUTION, GIVE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 4810 C	AMELOT ST	20853 REET
1		LEONARD	MIDDLE	STUDYVIN		TRUDE		KERN
		WAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 16b.	2 2 0 - 4 4 - 9	17. INFORMANT		0	13 ITER
	NOIL	HYPE	DUE TO, OR AS (c) T CONDITIONS CONTR EXTENSION		NOT RELATED TO THE TERM		ITION GIVEN IN PART	
2	CERTIFICATION	19a. DATE OF OPERATION	196, CONDITION	FOR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES.	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M.		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
/	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	210. PLACE OF IN	JURY ACTORY, OFFICE PARM, ETC.)	21f. LOCATION STREET	- TON	COUNTY	STATE
		22a.1 certify that (I) (this has saw the deceased alive	on10]	12 19 82 .0	nd that in (my) (our) opinion	death occurred an the date	te and hour and from the	n, that (I) (we) lost the couses stated
		22b. SIGNATUR	De	MD MD	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF		TE SIGNED
1		224. PHYSICIAN'S NAME (TYPE	G. La	r. M.D.	220 ADDRESS 110C SILVA	SPRING ST	Md. 20910)
	23a. E	BURIAL, CREMATION, REMOV. (SPECIFY) BURIAL	11/6/8		EMETERY OR CREMATORY	BRENTWOOD	PR I GE	o Mb.
		UNERAL DIRECTOR FRA	NCIS J. C D.,W.,SIL	OLLINS VER ^{RES} SPRIN		V 1 2 1982	56. REGISTRAR'S SIGN	Court

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

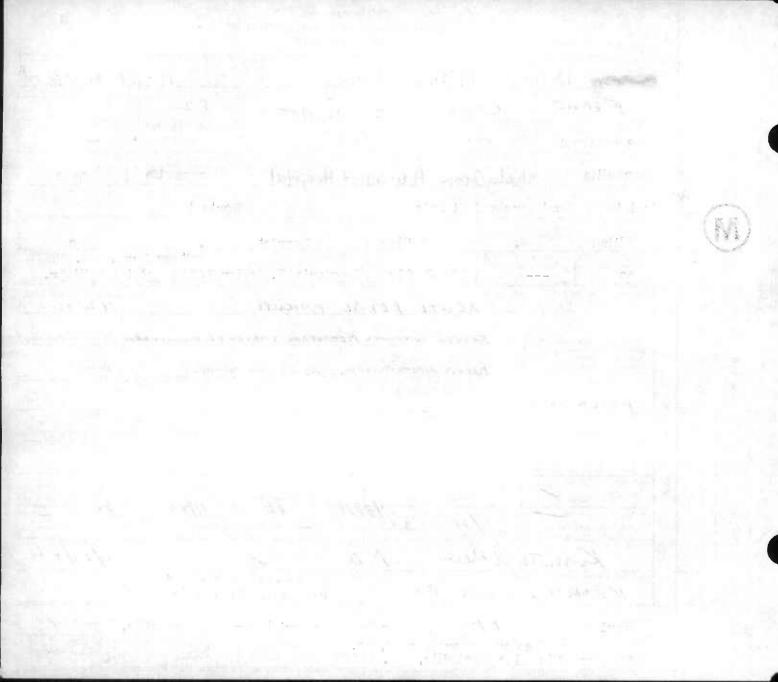


	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2 2	9 5 6 9
m r	I. DE	CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
page 3 er deoth		Nell Nell	ie Mill	er C	aseu	11-	29-82 0 GOOM
	3 SE	FEMALE	RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
director nours of	/		CAUC	2	10/1900	82 YRS	
2 ho	7a BI	RTHPLACE STATE OR FOREIGN (COUNTRY)	L CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
bin 7	-	Pennsylvania	USA	WIDOWE			ntgomery MD
filed wit		Rockville	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	Adven	hist Hospital	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	126 KIND OF BUSINESS OR INDUSTRY Home
3	13a S	al RESIDENCE (IF NURSING HOMEOR TATE 131 COUN irginia Westn	other institution give residence TY 130. CITY OR Noreland Kinsa	BEFORE ADMISSION) LOWN	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS Route 1	
(Mars	4 FA	THER'S NAME FIRST	IIDDLE LAS	ī	15 MOTHER'S MAIDEN NAM	ME	LAST
100		Elijah	N.	Miller	Harrie		Lacy
2 0000		VAS DECEASED EVER IN U.S. ARA	WAR OR DATES)	SECURITY NO.	17 INFORMANT	Gaithersb	urg, Md. 20879
34		no	_ 204 (07 0808	Marjorie C. 7	Taylor 10305 Wat	
pysicii oper ovol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	RV.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g ph remo			CAUSE (a) A CUT	E FEN	IAL FAILUR	E	4 DAYS
endin cork n, or			DUE TO, OR AS A CONS				
nove note official		Conditions, if any, which gove rise to immediate	(b) SEVERE	JERMINA	- METASTANC CA	NCEROF STOMACHIN	HTH SEVENAL MONTHS,
d by the ease rei al, crem or other		cause (a), stating the underlying couse lost	DUE TO, OR AS A CONS		ASTASES AND INTESTIL	VAL METAGRAGUS	MONTHS.
en pl	7	1.4		G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	VEN IN PART Ita
t. The	TIO	HYPERTENSO					
e hos be sit permi grene pri	CERTIFICATION	19g. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)
ficat fron I Hyon		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2}
certi uriot- lento	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M	19		Manufactures - 1	
offer this os the bu h and M	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	FFICE, FARM, ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
A A A A A A A A A A A A A A A A A A A		220.1 certify that (1) (this hospital	al) attended the deceased f	ram	18/82 19 82	, to 11/29	, 19 8 L, that (1) (we) lost
CTO Spire of b		sow the deceased alive an obove, (I) (we) (did) (did not		19 82 or	nd that in (my) (aur) opinion o	leath occurred an the dote and ha	ur and from the causes stated
AL DIRE detoched bte Dept	H	22b. SIGNATUR	L Jealer	M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/29/82
FUNERA old be de the Stot		22d. PHYSICIAN'S NAME TTYPE OR	PR		27e ADDRESS 2625	D RIDGE Pd.	
should be with the IMPORTA		ICENNETH 3	WETSS M	ID	DAMASCUS	MD. 20872	
6 5 2 3 ₹	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COLUMN
P		Burial	12/1/82	Parkl	awn Memorial	Park Rockvil	le, Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

^{24 FUNERAL DIRECTYS}son Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville, Md. 20852

DHMH - 16 50M 1/B1 (VRA 15, 4)



requires that the death certificate be

offendi

TO FUNERAL DIRECTOR. After this certificate has been signed by the

FOR STATE should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be it with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar ather traumatic event, the

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 9

5 /

S. DATE OF BIRTH ALE		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
ALE ALE HITE S.D.R.E.OF.BIRTH ACCOUNTY AS BRITHPLACE ISSUE OF TORLOW TO SOUTH A STOCK TO SO			MIDDLE		AST	20. DATE OF DEATH MONTH	20.11001
The BIRTHPLACE (1991 OF ORLO). The CITIZEN OF WHAT COUNTRY? BERTHPLACE (1991 OF ORLO). The CITIZEN OF WHAT COUNTRY? BERTHPLACE (1991 OF ORLO). The CITIZEN OF WHAT COUNTRY? BERTHPLACE (1991 OF ORLO). The CITIZEN OF WHAT COUNTRY? BERTHPLACE (1991 OF ORLO). The CITIZEN OF WHAT COUNTRY? BERTHPLACE (1991 OF ORLO). The CITIZEN OF WHAT COUNTRY? BERTHPLACE (1991 OF ORLO). The CITIZEN OF WHAT COUNTRY? BERTHPLACE (1991 OF ORLO). THE CITIZEN OF WHAT COUNTRY? BERTHPLACE (1991 OF ORLO). THE CITIZEN OF WHAT COUNTRY? THE CITIZEN OF WHAT COUNTRY. THE CITIZEN OF WHAT COUNTRY. THE CITIZEN OF WHAT COUNTRY. THE CARRY SHAPE. THE CARR				Ci	RENCY	November	3, 1882 12 Am
ARYLAND MONTGOMERY IF ATHER'S NAME INCLUSE OF DEATH (Enter only one cours per line for Io.), to not course to inmediate course to instruction IS CAUSE OF DEATH (Enter only one cours per line for Io.), to not course to instruction IS CAUSE OF DEATH (Enter only one cours per line for Io.), to not course to instruction IS CAUSE OF DEATH (Enter only one cours per line for Io.), to not course to instruction IS CAUSE OF DEATH (Enter only one cours per line for Io.), to not course to instruction IS CAUSE OF DEATH (Enter only one cours per line for Io.), to not course to instruction IS CAUSE OF DEATH (Enter only one cours per line for Io.), to not course to instruction IS CAUSE OF DEATH (Enter only one cours per line for Io.), to not course to instruction IS CAUSE OF DEATH (Enter only one cours per line for Io.), to not course to instruction IS CAUSE OF DEATH (Enter only one cours per line for Io.), to not course to instruction IS CAUSE OF DEATH (Enter only one cours per line for Io.), to not course to instruction IS CAUSE OF DEATH (Enter only one cours per line for Io.), to not course to instruction IS CAUSE OF DEATH (Enter only one cours per line for Io.), to not course to instruction IS CAUSE OF DEATH (Enter only one cours per line for Io.), to not course to instruction IS CAUSE OF DEATH (Enter only one cours per line for Io.), to not course to instruction IS CAUSE OF DEATH (Enter only one cours per line for Io.), to not course to instruction IS CAUSE OF DEATH (Enter only one cours per line for Io.), to not course to instruction IS CAUSE OF DEATH (Enter only one cours per line for Io.), to not course to instruction IS CAUSE OF DEATH (Enter only one course per line for Io.), to not course to instruction IS CAUSE OF DEATH (Enter only one course per line for Io.), to not course to instruction IS CAUSE OF DEATH (Enter only one course per line for Io.), to not course to instruction IS CAUSE OF DEATH (Enter only one course per line for Io.), to not course per line for Io. IS CAUSE OF DEATH (Enter o	3 SE	4.1			DAY YEAR	17	MONTHS DAYS HOURS MIN
USUAL RESIDENCE (IF NUBSINCE NOTION OF CONTRIBUTIONS OF MESONICE BETORE ADMISSION) JAS STATE JOHER STANKE JAS STATES JAS STATE JOHER STANKE JAS STATES SAME JAS STATES SAME	1	NDIANA	u.s.A.	WIDOWE	D DIVORCED	m. va	n -
136 STATE 136 COUNTY 136 INSIDE CITY OR TOWN 136 INSIDE CITY LIMITS 136 STREET ADDRESS 136 SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 17. INFORMANT 18. MARE AS 1.3 WIFE 18. ACCORDING OF AS A CONSTRUMETING OF A CONSTRUMETING OF AS A CONSTRUMENTING OF AS A CONSTRUMENT O	5	ilver Spring	(IF NOTA SUCH FACILITY, GIVE	PIPEET ADDRESS)	rother institution of	(TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY
NOTE PAYNET PAY	130. S	YLAND MONTG			AE3 NO	3615 S. LEIS	2090 URE WORLD BLVD
VES NORUNENOWN (IF YES, ORTENAS CAUSED BY WW II) 051 18 1109 MARION Y. CARNEY SAME AS 13 WIFE 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (d) DUE TO, OR AS CONDECUENCE OF IMMEDIATE CAUSE (d) DUE TO, OR AS CONDECUENCE OF IMMEDIATE CAUSE (d) DUE TO, OR AS A CONTRIBUTION OF A STATE OF A STA	14. FA	FIRST	CARNEY CARNEY				PAYNEST
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse io, string the underlying couse lost. PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTING CONTRIBUTING COUSE IOST. PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTING CONTRIBUTING COUSE IOST. 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTION COUNTRIBUTING CONTRIBUTION COUNTRIBUTING CONTRIBUTION COUNTRIBUTING CONTRIBUTION COUNTRIBUTING CONTRIBUTION COUNTRIBUTION COUNTRIBUT		YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		MADTAN V		S 13 WIFE
OR CONTRIBUTION COUNTY (IF EITHER NOTIFY MEDICAL EXAMINER) P. M. P. D. P. D. STREET 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this hospital) ottended the deceosed from saw the deceosed alive an above, (1) (we) (did) (did not) view the body after death, a body after death. 220. PHYSICIAN'S NAME [TYPE OFFRIN]) 19	CATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A COLD DUE TO, OR AS A COLD DUE TO, OR AS A COLD ON DITIONS EQUITEBUTING	ATH BUT	8, (4) d	entoral en	YES, WERE FINDINGS USED
sow the deceased alive an above. (I) (we) (did) (did not) view the body after death, a courses standard because standard beca		OR CONTRIBUTING _ CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE	EATH HOUR A.M. MONTH ER) P.M. 21e PLACE OF INJURY	19	21f. LOCATION	YES NOW	YES NO 18 PART 1 OR PART 2)
		sow the deceased plive or above, (1) (we) (did) (did no 771 SIGNATURE	n ot view the body after death.	19. 8. Z. on	DEGREE HENDING THE SICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	

BP.

DHMH - 16 50M 1/BI (VRA 15, 4)

238 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE FRANCIS J. COLLINS BURTAL 24 FUNERAL DIRECTOR

231 NAME OF CEMETERY OR CREMATORY GATE OF HEAVEN

23d LOCATION CITY OF TOWN SILVER SPRING

500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

inspecies well the sound Tustitus multiplica Burn la volum Manual stone 2 is brown smidled

		NEO 10 / K/ K/				REG. NO.	
		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
to, page 3, after death	(TYPE	SVI	LETTE	CA	MATZ	11	20 82 1:46 P
moy may	3. SE	X	4. RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 H
ctor,	-	Female	Haitian	MONTH	1 55	27	MONTHS DAYS HOURS MI
Pog dire	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8.		9 BALTIMORE CITY OR CO	
one 72 to		COUNTRY)	TT = 2 1 2	WIDOWE	NEVER MARRIED	Manhaamaa	
thin the	10. C	Haiti	Haiti 11. NAME OF HOSPITAL, NUR	SING HOME C	ROTHER INSTITUTION	Montgomer	126. KIND OF BUSINESS
4 4			(IF NOT IN SUCH FACILITY, GIVE STR	EET ADDRESS)	OLY CKOSS	(TYPE OF WORK FOR MOST OF WORK	INDUSTRY
The state of the s	S1	Lver Spring AL RESIDENCE (TH NURSING HOME OF BTATE 136. COL	HOSP. 1500 FORE		ORD S.S.MD	Nursing Aid	
THE REP		_		NWC		13e. STREET ADDRESS	20910
	M	d Mon	tgomery Sil.	Spr.	YES X NO 1	8504 - 16tl	h St. # 501
within d 2 s	19. 57	FIRST	MIDDLE		FIRST	WIDDLE	Maude
w ball out of the way		Bylon		saint	Anna		
y decu		VAS DECEASED EVER IN U.S. A	COSTAG OR DATES		17. INFORMANT	1528 W	est Morse #4-
Pog		No -	Unobta	ainabl	e Joseph Ca	stan Chicago	o. Ill
person the b		18. CAUSE OF DEATH (Enter	only one couse per line for (a) (b)	and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
phy phy nov nov		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0) Carch	Osul	mencey- acre	est	
ng ng		クラフラ mmedi	ATE CAUSE (U)	. 4	0		
cor cor noti		0210	DUE TO, OB AS A CONSEC	QUENCE OF	M. manage de	sours Merinsi	1.6
death ottend ove co rtion, c		Conditions, if ony, which	((b) Ceraux	1.50	un mudroug to	sours murins,	X (3
the street	1-7	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF			
oth oth		underlying couse lost.	(5)				
pled priori		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART No
sign Sign Shen To bo	No.	Susten	us Linus	Suy	enaxoris	and Sterail	use
been been prior any ii	F	IN. DATE OF OPERATION	18 CONDITION FOR WHI	CH OPERATION	WAS PERFORMED	36s AUTOPSY? 206	IF YES, WERE FINDINGS USED
os bos bos bos bos bos bos bos bos bos b	FIC	_	The service of services	SANDE NE		IN C	ERTIFYING CAUSES OF DEATHY
The losicion.	CERTIFICATION	71s. ACCIDENT WAS UNDERLYING	T 216. TIME OF TREPHALLY		The HOW IN IURY OCCUPA	TED (BATTLE NATURE OF WILLEY OF THE	YES NO [
N Hys		DR CONTRIBUTING CAUSE OF D	CONTRACTOR A ALCOHOLOGICAL TO THE PARTY OF T	DAY YEAR	SE HOW HOURT OCCUR	ED (ENTER HATURE OF THURS IN THE	THE PARTY OF PARTY
SICIAN ng phy certification in the physicial section is the physicial section in the physician in the physic	3	LIFETHER NOTIFI WEDICAL EXAMIN		19			
PHYSI ending this ce the buri	MEDICAL	214 INJURY OCCURRED	214 PLACE OF INJURY		TH LOCATION	CITY OF TOWN	COUNTY STATE
G PH er th er the ond ked o	Z	at work a stowers	TAT HOME STREET, PACTORY, OFFI	CE FARM, ETC.)	Position .	971.651971	
Z S S S S S			= ia-1) -assential also described (SS)	10-	25-82	11-2087	- 10 m. A.
7 - 5 0 5	10	220.1 certify that (i) (this has	pital) attended the deceased from			10	19 that () (we)
Figure 12		sow the deceased alive of	not) view the body after dent.	, or	d that in my (our) opinion	death accurred on the date on	d hour and from the causes stated
		THE SIGNATURE	VI Not		DEGREE		22c. DATE SIGNED
		(IXIOISO)	Dan -		ATTENDING -	MEDICAL STAFF	11-21-82
PITAL by th ERAL e deto State ANT: I	1	27d. PHYSICIAN'S NAME	1		PHYSICIAN 220 ADDRESS	DIRECTOR PHYSICIAN	7 1 11
HOSP Ined Ined Ined Ined Ined Ined Ined Ined	1.	20. PHISICIAINS INAME	0 00			# L)U8	0 1 2 40 41
		H Charles L7	-randolin Jr		11120 New Her	supstare silver	spring hel 20700
of of of war		BURIAL, CREMATION, REMOVA	AL 23b. DATE 2	3c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	
BP		Burial /			-Ville	Porta Pr	ince, Haiti STATE
Dr	24.5	UNERAL DIRECTOR K					
DHMH - 16 50M 4/B2			the harden P	.U. DU	r. Md. NOV	2 6 1982	a Labert
(VRA 15, 4)	W	arner E. Pum	phrey, Inc. S	II. Sp	r., Ma. NOV	401302	a comment
	The same of						

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

And the second of the second o TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral disshould be detached for use as the busial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filed within 72 has with the State Dept. at Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

P.A., Bethesda, Maryland

3	2	2	9	Errag.	7	9
,	6ia	6.00		tod		6.

					1.4.5	7	12- DATE OF	DEATH	HTMOM			
	CEASED NAME OR PRINT)	FIRST	MIDE	DIE	Cha	IFANT IN				8-	YEAR P	26 HOUR
	W.		Pax	son		U.L		-		_	06	1/
3. SE	X	4. R	ACE		5. DATE OF	BIRTH DAY YEAR	6. AGE (IN YE	ARS LAST BIRT	HDAY)	MONTHS	DAYS	HOURS
	Male		Caucas		April	16, 1906	76		YRS.			
	RTHPLACE (STATE OR F	OREIGN 76.	CITIZEN OF WH	IAT COUNTRY?	. 8. MARRIED	NEVER MARRIED	9. BALTIMOI	RE CITY O	R COUNT	Y OF DE	ATH	4
Pe	ennsylvan	ia U	nited	States	WIDOWED	DIVORCED [100	NTO	90m.	-		14,
10. C	TY OR TOWN OF DEA	ATH 11.		SPITAL, NURSIN		OTHER INSTITUTION	120 USUAL C				KIND OF	BUSINES
6	le thes DI	9 .	Subi			OSpital	Ophtha					cal
USU.	AL RESIDENCE (IF NURS	ING HOME OR OTH	ER INSTITUTION, GIV	E RESIDENCE BEFORE	ADMISSION)	3d INSIDE CITY LIMITS?	13e STREET A					
		Montg		Potoma		YES NO	11401		ipwi	th 1	Lane	20
	THER'S NAME	MIDD		LAST		S. MOTHER'S MAIDEN N		MIDDLE			LAST	
IJ-	illiam	Paxso		alfant	Sr	Marv	S	WIDDLE	Di	unk	-	rge
16c V	VAS DECEASED EVER	IN U.S. ARMED	FORCES? 16	b. SOCIAL SECU		17. INFORMANT		ADDRE		un.		455
(,	YES, NO OR UNKNOWN)	(IF YES, GIVE WA		17 / 2	2502	Mann Ann C	thalfa.	. +			13e	
-	Yes	I WWII				Mary Ann (marrai	IL Sa	ime a			AATE INTERV
	PART I. DEATH W	AS CAUSED BY	Υ:	e for (o), (b), one	0 (01.1	0.00.1					2	NSET AND D
	11210	IMMEDIATE C	AUSE (o)	cara	uc	mest			_		2/	14-04-
	1 7 5/6	/										
	1 / -		DUE TO, OR A	S A CONSEQUE	NCE OF	1	1				-	0
	Conditions, if any,		DUE TO, OR A	S A CONSEQUE	NCE OF	Lemma	More	2			50	lan
	Conditions, if ony, gove rise to imm couse (a), statin	mediate)	(p)	cere	he	Lenna	nloz	2			50	lan
	gove rise to imm	nediate ig the	(p)	S A CONSEQUE	he	Lemma	uloz)			50	lan
	gove rise to imm couse (a), statin underlying couse	nediate ng the lost.	(b) DUE TO, OR A	S A CONSEQUE	INCE OF	OT RELATED TO THE TER.	MINAL DISEASE	ORCON	DITION GI	VEZ IZ	5 C	lan
NO	gove rise to imm couse (a), statin underlying couse	nediate ng the lost.	(b) DUE TO, OR A	S A CONSEQUE	INCE OF	OT RELATED TO THE TER.	MINAL DISEASE	ORCONE	DITION GE	VENIN	PART 1(0	lan
CATION	gove rise to imm couse (a), statin underlying couse	nediate ng the lost.	DUE TO, OR A	S A CONSEQUE	NCE OF	IOT RELATED TO THE TER.	MINAL DISEASE		20b. IF YE	S, WERI	E FINDIN	GS USED
IFICATION	gove rise to immoouse (o), stating underlying couse PART 2. OTHER SIGN	nediate ng the lost.	DUE TO, OR A	S A CONSEQUE	NCE OF		20c AUTO	PSY?	20b. IF YE	S, WERI	E FINDIN	GS USED OF DEATH
ERTIFICATION	gove rise to immoouse (o), stating underlying couse PART 2. OTHER SIGN	nediate g the lost. NIFICANT CONTION	DUE TO, OR A	S A CONSEQUE TRIBUTING TO D	NCE OF		200 AUTO	PSY?	20b. IF YE IN CERTI	S, WERI	E FINDIN CAUSES	GS USED
AL CERTIFICATION	gove rise to imm couse (a), statin underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERA: 21a, ACCIDENT WAS UNIT OR CONTRIBUTING	TION DERLYING CAUSE OF DEATH	DUE TO, OR A (c) DITIONS CON 196 CONDITIO 216. TIME OF IN HOUR A.M.	S A CONSEQUE TRIBUTING TO D	DEATH BUT NO PERATION	WAS PERFORMED	200 AUTO	PSY?	20b. IF YE IN CERTI	S, WERI	E FINDIN CAUSES	GS USED OF DEATH
	gove rise to imm couse (0), statin underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	mediate g the lost. NIFICANT CON TION DERLYING CAUSE OF DEATH CALEXAMINER)	DUE TO, OR A (c) DUITIONS CONT 196 CONDITIO 216 TIME OF IN HOUR A.M. P.M.	S A CONSEQUE TRIBUTING TO D ON FOR WHICH NJURY MONTH DA	OPERATION AY YEAR 19	WAS PERFORMED 21c. HOW INJURY OCCU	200 AUTO	PSY?	20b. IF YE IN CERTI	S, WERI	E FINDIN CAUSES	GS USED OF DEATH
MEDICAL CERTIFICATION	gove rise to imm couse (0), statin underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERA: 21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDIN 21d. INJURY OCCURE	mediate g the lost. NIFICANT CON TION DERLYING CAUSE OF DEATH CAL EXAMINER) RED	DUE TO, OR A (c) IDITIONS CON 19b. CONDITIC 21b. TIME OF It HOUR A.M. P.M. 21e. PLACE OF	S A CONSEQUE TRIBUTING TO D ON FOR WHICH NJURY MONTH DA	DEATH BUT N OPERATION AY YEAR 19	WAS PERFORMED	200 AUTO	PSY?	20b. IF YE IN CERTI Y	ES, WERI IFYING ('ES PART I OR	E FINDIN CAUSES	GS USED OF DEATH
	gove rise to imm couse (a), statin underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERA: 21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDIT OF COME AT WORK NOT WAS IN WAT WORK NOT WAS IN WORLD AT WORK NOT WAS IN WORLD AT WORK NOT WAS IN WORLD NOT WAS IN WAS IN WORLD NOT WAS IN W	mediate jig the lost. NIFICANT CON TION DERLYING CAUSE OF DEATH CALEXAMINER) RED	DUE TO, OR A (c) 19b. CONDITIO 21b. TIME OF IN HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREET,	S A CONSEQUE TRIBUTING TO D ON FOR WHICH NJURY MONTH DA INJURY FACTORY, OFFICE, FA	OPERATION AY YEAR 19 ARM, ETC.)	WAS PERFORMED 21c. HOW INJURY OCCUP 21f. LOCATION STREET	200 AUTO	PSY? NOT TURE OF INJUR	20b. IF YE IN CERTI Y	ES, WERI IFYING ('ES PART OR	E FINDIN CAUSES (PART 2)	GS USED OF DEATH NO
	gove rise to imm couse (a), statin underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERA: 21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. IN JURY OCCUME AT WORK NOT WHAT WORK 1 WO 22a.1 certify that (1)	mediate log the lost. NIFICANT CON TION DERLYING	DUE TO, OR A (c) DITIONS CON 19b. CONDITIO 21b. TIME OF IN HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREET.	S A CONSEQUE TRIBUTING TO D ON FOR WHICH NJURY MONTH DA INJURY FACTORY, OFFICE, F.	OPERATION AY YEAR 19 ARM, ETC.)	WAS PERFORMED 21c. HOW INJURY OCCUI 21f. LOCATION STREET , 19.82	200 AUTO YES RRED (ENTER NA:	PSY? NOT URE OF INJUE CITY OR TO	20b. IF YE IN CERTIN Y	ES, WERI IFYING (ES	E FINDIN CAUSES (PART 2)	GS USED OF DEATH NO
	gove rise to imm couse (a), statin underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERA: 21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF ETHER. NOTHEY MEDIN 21d. INJURY OCCURR WHILE NOTHEY AT WORK AT WORK AT WORK 22a. Certify that (1) sow the decess	mediate ig the lost. NIFICANT CON TION DERLYING CAUSE OF DEATH CAL EXAMINER) RED (the hospital) (the hospital) ed alive on	DUE TO, OR A (c) DUE TO, OR A (c) DITIONS CON 196 CONDITIO 216. TIME OF IN HOUR A.M. P.M. 216. PLACE OF (AT HOME, STREET, ottended the d 11-7	TRIBUTING TO DONE FOR WHICH NJURY MONTH DA INJURY FACTORY, OFFICE, F.	OPERATION AY YEAR 19 ARM, ETC.)	WAS PERFORMED 21c. HOW INJURY OCCUP 21f. LOCATION STREET	200 AUTO YES RRED (ENTER NA:	PSY? NOT URE OF INJUE CITY OR TO	20b. IF YE IN CERTIN Y	ES, WERI IFYING (ES	E FINDIN CAUSES (PART 2)	GS USED OF DEATH NO
	gove rise to imm couse (a), statin underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERA: 21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. IN JURY OCCUME AT WORK NOT WHAT WORK 1 WO 22a.1 certify that (1)	mediate ig the lost. NIFICANT CON TION DERLYING CAUSE OF DEATH CAL EXAMINER) RED (the hospital) (the hospital) ed alive on	DUE TO, OR A (c) DUE TO, OR A (c) DITIONS CON 196 CONDITIO 216. TIME OF IN HOUR A.M. P.M. 216. PLACE OF (AT HOME, STREET, ottended the d 11-7	TRIBUTING TO DONE FOR WHICH NJURY MONTH DA INJURY FACTORY, OFFICE, F.	OPERATION AY YEAR 19 ARM, ETC.) 11-4 32, and	WAS PERFORMED 21c. HOW INJURY OCCUI 21f. LOCATION STREET , 19.82	200 AUTO YES RRED (ENTER NA:	PSY? NOT URE OF INJUE CITY OR TO	20b. IF YE IN CERTIN Y	ES, WERI IFYING (ES	E FINDIN CAUSES (PART 2)	GS USED OF DEATH NO ST.
	gove rise to imm couse (a), stolin underlying couse PART 2. OTHER SIGN 19e. DATE OF OPERA 21e. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTHEY MEDIN AT WORK NOTHEY MEDIN AT WORK NOTHEY MEDIN AT WORK OF THE OPERA 22e. I certify that (1) sow the decess above, (1) (32e) (1) (32e) (1)	mediate ig the lost. NIFICANT CON TION DERLYING CAUSE OF DEATH CAL EXAMINER) RED (the hospital) (the hospital) ed alive on	DUE TO, OR A (c) DUE TO, OR A (c) DITIONS CON 196 CONDITIO 216. TIME OF IN HOUR A.M. P.M. 216. PLACE OF (AT HOME, STREET, ottended the d 11-7	TRIBUTING TO DONE FOR WHICH NJURY MONTH DA INJURY FACTORY, OFFICE, F.	OPERATION AY YEAR 19 ARM, ETC.) 11-4 32, and	WAS PERFORMED 21c. HOW INJURY OCCUP 21f. LOCATION STREET , 19.82 1 that in (my) (0) opinion EGREE ATTENDING	200 AUTO YES RRED (ENTER NA:	PSY? NOT TURE OF INJURE CITY OR TO: 11 - 7 d on the do	20b. IF YE IN CERTI Y Y IN ITEM 18	ES, WERI IFYING (ES	E FINDIN CAUSES (PART 2)	GS USED OF DEATH NO ST.
	gove rise to imm couse (a), stolin underlying couse PART 2. OTHER SIGN 19e. DATE OF OPERA 21e. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTHEY MEDIN AT WORK NOTHEY MEDIN AT WORK NOTHEY MEDIN AT WORK OF THE OPERA 22e. I certify that (1) sow the decess above, (1) (32e) (1) (32e) (1)	MIFICANT CON TION DERLYING CAUSE OF DEATH CALEXAMINER) RED (11) (10) (10) (10) (10) (10) (10) (10)	DUE TO, OR A (c) DITIONS CON 19b CONDITIO 21b. TIME OF IT HOUR A.M. P.M. 21e. PLACE OF (AT HOME. STREET. ottended the d 11-7 ew the body oft	TRIBUTING TO DONE FOR WHICH NJURY MONTH DA INJURY FACTORY, OFFICE, F.	OPERATION AY YEAR 19 ARM, ETC) 11-4 22 , and	WAS PERFORMED 21c. HOW INJURY OCCUI 21f. LOCATION STREET . 19.82 I that in (my) (o) opinion	ZOO AUTO YES RRED (ENTERNA , to	PSY? NOT TURE OF INJURE CITY OR TO: 11 - 7 d on the do	20b. IF YE IN CERTI Y Y IN ITEM 18	ES, WERI IFYING (ES	E FINDIN CAUSES (PART 2)	GS USED OF DEATH NO ST.
	gove rise to imm couse (a), stolin underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERA: 21a. ACCIDENT WAS UNION COONTRIBUTING (IF EITHER NOTHY MEDIN 21d. INJURY OCCURE) 27b. SIGNATURE 22d. PHYSICIAN'S NA 22d. PHYSICIAN'S NA	DERLYING	DUE TO, OR A (c) DITIONS CON 19b CONDITIO 21b. TIME OF IT HOUR A.M. P.M. 21e. PLACE OF (AT HOME. STREET. ottended the d 11-7 ew the body oft	TRIBUTING TO DONE FOR WHICH NJURY MONTH DA INJURY FACTORY, OFFICE, F.	OPERATION AY YEAR 19 ARM, ETC) 11-4 22 , and	WAS PERFORMED 21c. HOW INJURY OCCUI 21f. LOCATION STREET . 19.82 1 that in (my) () opinion EGREE ATTENDING PHYSICIAN 226 ADDRESS	Z00 AUTO YES RRED (ENTERNAL , to deoth occurred MEDICAL DIRECTOR	PSY? NOT TURE OF INJURE CITY OR TO: 11 - 7 d on the do	20b. IF YE IN CERTI Y Y IN ITEM 18	ES, WERI IFYING (ES	E FINDIN CAUSES (PART 2)	GS USED OF DEATH NO ST.
MEDICAL	gove rise to imm couse (a), stolin underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERA: 21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDIN 21d. INJURY OCCUR! WHILE NOT WHAT WORK NOT WHAT WORK NOT WORK AT WO WHAT WORK SOW the decess obove, (I) (See) (c) 22b. SIGNATURE 22d. PHYSICIAN'S NA	MIFICANT CON TION DERLYING CAUSE OF DEATH CALEXAMINER) RED HILE CALEXAMINER) RED HILE CALEXAMINER) RED HILE CALEXAMINER) RED HILE CALEXAMINER) AME (TIPE OF PRI	DUE TO, OR A (c) IDITIONS CON 196. CONDITIO 216. TIME OF IT HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREET, ottended the d 11-7 ew the body oft	TRIBUTING TO DESCRIPTION FOR WHICH NJURY MONTH DA INJURY FACTORY, OFFICE, F. Beceosed from 19 8 For death.	OPERATION AY YEAR 19 ARM, ETC.) 11-4 22., and	216. HOW INJURY OCCUI 216. LOCATION STREET . 19.82 I that in (my) (0%) opinior EGREE ATTENDING PHYSICIAN 220 ADDRESS	Z00 AUTO YES RRED (ENTER NAT to deoth occurred DIRECTOR	NOT TURE OF INJURE OF INJU	20b. IF YE IN CERTI Y Y IN ITEM 18	ES, WERI IFYING (ES	E FINDIN CAUSES (PART 2)	GS USED OF DEATH NO ST.
MEDICAL	gove rise to imm couse (a), stolin underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERA: 21a. ACCIDENT WAS UNION COONTRIBUTING (IF EITHER NOTHY MEDIN 21d. INJURY OCCURE) 27b. SIGNATURE 22d. PHYSICIAN'S NA 22d. PHYSICIAN'S NA	MIFICANT CON TION DERLYING CAUSE OF DEATH CALEXAMINER) RED HILE CALEXAMINER) RED HILE CALEXAMINER) RED HILE CALEXAMINER) RED HILE CALEXAMINER) AME (TIPE OF PRI	DUE TO, OR A (c) IDITIONS CON 196. CONDITIO 216. TIME OF IT HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREET, ottended the d 11-7 ew the body oft	TRIBUTING TO DON FOR WHICH NJURY MONTH DA INJURY FACTORY, OFFICE, F. Ire death. 19	OPERATION AY YEAR 19 ARM, ETC.) NAME OF CE.	WAS PERFORMED 21c. HOW INJURY OCCUI 21f. LOCATION STREET . 19.82 1 that in (my) () opinion EGREE ATTENDING PHYSICIAN 226 ADDRESS	Z00 AUTO YES RRED (ENTER NA deoth occurred DIRECTOR	PSY? NOTE TURE OF INJURE CITY OR TO: 11 - 7 d on the do STAR PHYSIC	20b. IF YE IN CERTI Y Y IN ITEM 18	PARTIOR 19 8 CO CO CO CO CO CO CO CO CO C	PART 2) OUNTY 2 1 rom the c	GS USED OF DEATH NO ST.

DHMH - 16 50M 4/82 (VRA 15, 4)

Homes.

BP.

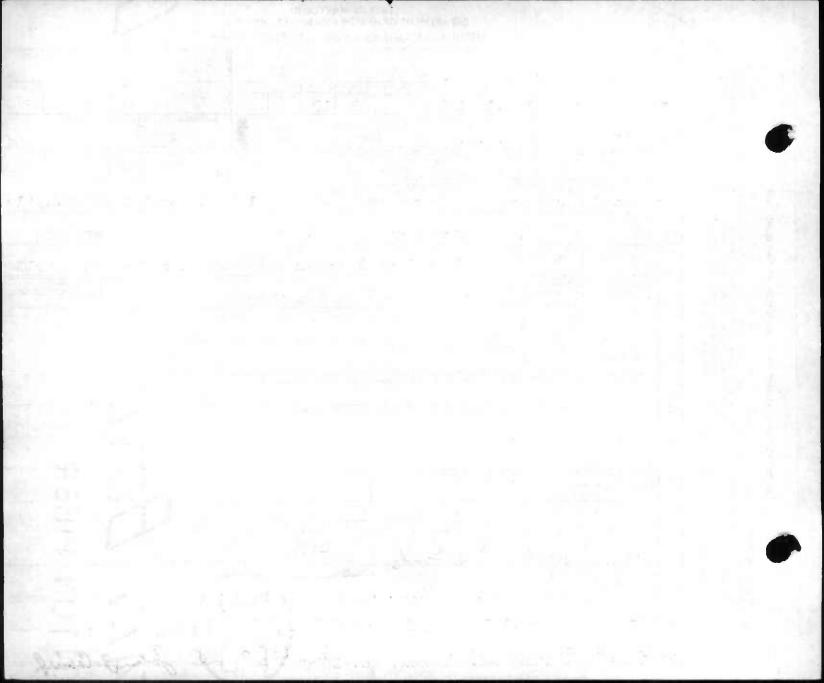
William Cinciliant N-5-12112 Propries forman Sty In three am Sublic bast Hospital

STATE OF MARYLAND

							SERESTU 60	Com	1 20		- 1
	STATE REGISTRAR		ME	DICAL EXAMINI	ER'S CERT!	FICATE (JEAIN	REG. NO.		-	0
	EASED NAM	E FIRST		WIDDIE	LAST		2a DATE	KNOWN X7	MONTH DAY	YEAR	26 HOU
(TYPI	E OR PRINT)	JAME		В.	CHANDLEF	RIII	OF DEATH	MATED	11-28-8	26	
SEX		4. RACE	5. DATE OF BIRTH				R 24 HRS. 2c. DAT		MONTH DAY	YEAR	2d HOL
/ a	le	White	Aug.16	1 0 9 2	3 7	rs Hours	MIN PRONOU	NCED	11-28-8	2.	0:1
	RTHPLACE (S		76 CITIZEN OF W						COUNTY OF D		
FO	REIGN COUNTRY)				8. MARRIED		RIED A	-	County		
	ryland		U.S.A	SPITAL, NURSING HOME,	WIDOWED		120. USUAL OCCI			ND OF BU	SINESS
J. C.	11 08 10 111	OI DEATH	(IF NOT IN SUCH F	ACILITY, GIVE STREET ADDRESS)		TOTION	FOR MOST OF WO			INDUSTR	
	Lney			ery Co. Hosp			None				
3a. S1		nd Mont	ty gomery	136. CITY OR TOWN Germantov	13d INS	IDE CITY LIMITS?	19763C	ystal	Rock 1	Dr.A	pt1
4. FA	THER'S NAME				15. MC	THER'S MAID	EN NAME	MIDDLE		LAST	
fai	nes		B.	Chandler	F	Kimber		ine		nett	e
6a. W	AS DECEASE	DEVER IN U.S. AR		166. SOCIAL SECURITY		ORMANT		ADDRESS			
	es, no, or unkno No	(IF YES, GIVE	WAR OR DATES)	213-02-44	11 Jam	nes &K	imberly	Chand:	ler sa	me a	s13
	IIL CAUSE C	F DEATH /Enter on	ly one couse per lin	e for (a), (b), and (c).)					T AP	PROXIMATE	INTERVAL
	PART I DE	ATH WAS CAUSE	D BY:	Sudden infar	t death	syndro	ome		BETW	VEEN ONSET	AND DEA
	799	PO IMMEDIA		R AS A CONSEQUENCE C		3/1101		_			
	Conditio	ns, if any, which	DUE TO, O	K AS A CONSEQUENCE C	JF.				3.7		
	gove ri	se to immediate									
	couse (o lying cou) stating the <u>under</u> - ise last.	DUE TO, O	r as a consequence o	F						
			(c)								
N	PART 2 OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN P	ART 1 (a)				
CERTIFICATION	19a DATE OF	OPERATION	196 COND	ITION FOR WHICH OPER	ATION WAS PER	FORMED?			20 A	UTOPSY?	
IFIC									,	ES XX	NO [
ERT	210 EXTERNA	AL CAUSE WAS	21b. TIME C		21c HOW INJ	URY OCCURR	ED (ENTER NATURE OF I	NJURY IN ITEM 18 PA		~~	
	UNDERLYING	OR NG CAUSE OF		M. MONTH DAY YEAR							
MEDICAL	214 INTITIPY	CCUPPED		M. 19 OF INJURY (ATHOME.	211 LOCATION	N N					
WE	WHILE	NOT WHILE [STREET, FA	CTORY, FARM, ETC.)	STREET		CITY OR TO	OWN	COUNTY		STATE
	AT WORK	AT WORK							200		
	220 I cert	ly that I took charg	ge of the remains de	escribed above, held an	Autopsy X	, Inspectu	on . Inquir	, ond	in my opinion		
	deoth result	ed from: Notu	rol couses XX	Accident,, Sui	cide, H	lomicide .	Undetermined n	onner,			
		A. 1	. 0	11/11/1	TIT	LE (SPECIFY)					00
		111	/ /\		Δ,	: -+				1 - 29 -	-82
	ACTUAL SIGNATURE	Marie	to the	re me	M.D. /\`	ssistan	T MEDICAL EXA	MINER	DATE]	1 22	
	SIGNATURE	Maye	te th	re med	M.D. /\s	SSISIAI	1+ MEDICAL EXA	MINER	SIGNED	1 22	
			te b	Korell MD		1 1			SIGNED	1 6.2	
3a. Bi	EXAMINER'S (TYPE OR PRI		arita A.	Korell, M.D.	ADDRE	ss11			SIGNED		
(5	SIGNATURE EXAMINER'S (TYPE OR PRI	TION, REMOVAL	parita A. Pab Date Dec. 1, 19	23c NAME OF CEM	ADDRE	ss 11	1 Penn St	reet	COUNTY	ST.	ATE

BP. (VR A15 ME (5)) 20M 4/82

7601 Sandy Spring Rd. Laurel, Md.



and completely filled in by the funeral ogges 1 and 2 should be filed within 72 f

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and cor should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 -	FOR - STATE REGISTRAR	DEPAR	RTMENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG HCATE OF DEATH	IENE 8 2 2	9574
		CEASED NAME FIRST	WIDDLE	. 0	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
- 63	3. SE	× 41.DB	14 RACE	5. DATE O	HAPPELL	6 AGE (IN YEARS LAST BIRTHDAY)	20 82 / AM
	3. 50	FEHALE	WHITE	MONTH		02	MONTHS DAYS HOURS MIN.
ė.		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
14	0	regon	U.S.A.	WIDOWE	DIVORCED	Montgomery	MD.
S F		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR. (IF NOT IN SUCH FACILITY, GIVE STR	EET ADDRESS)	_	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	
900	05U	AL RESIDENCE (IF NURSING HOME O	HOLY Cro	ORE ADMISSION)		School Teache	er Teaching
35	13a. S	Md. Mont	aomery Takom		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 715 Kennebec	Avenue
June La	14 FA	ATHER'S NAME	MIDDLE LAST	4 112	15. MOTHER'S MAIDEN NA/		LAST
277		Thomas	H. Bro		Lida		Reed
edico			IVE WAR OR DATES)		17 INFORMANT	715 Kenne	ebec Avenue
The m		NO,	213-48 inly one couse per line for (a), (b),		Paull Chap	<u>pell Takoma Pa</u>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ven*,		PART I. DEATH WAS CAUS	ED BY:	Me sa	ruber fai	14	BETWEEN ONSET AND DEATH
ofic	quell a	5070	DUE TO, OR AS A CONSEC	UENCE OF			
room		Conditions, if ony, which gove rise to immediate	(b) aspir	whice	Dulle	ile	
other		couse (o), stoting the underlying couse lost	DUE TO, OR AS A CONSEC	DUENCE OF	1		
λ, οι		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	/EN IN PART 1(o
olu.	NOI	Daydren	a olimi	a .			
9	CERTIFICATION	190. DATE OF ONERATION	196. CONDITION FOR WHI	H PERATIO	n was performed		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
Suo.	ERTI	71g ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21r HOW IN HIRY OCCURR	YES NO YE	S NO
9		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	I WAS A SON OCCORN	LEMIER MATURE OF INJURY IN TIEM IS	PARTION PART 2)
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION -	CITY OR TOWN	COUNTY STATE
N N	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, EIC J	SINCE	CIII OK IO III	DR.
E S		cow the deceased alive-	nitol) ottended the deceosed from		7	deoth occurred on the date and hou	19 7 that I we as to co
z ma		above, (1) we) (did) (sid no	of Diew the body after death.		DEGREE	seom occurred on the date and hou	22c. DATE SIGNED
1 1 1		() 20 ,	LialW	$\langle \rangle$	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11-20-82
4		27d PHY OCIANS NAME OVE	CIR PRING		22e. ADDRESS		111-00-00
A L		John Kija	k M. D.		344 Univers	sity Blvd. W.	S.S. Md.
	23o. B	BURIAL, CREMATION, REMOVAL SPECIFY Burial	1 7 /00 /00		emetery or crematory awn Cemetery	23d TOCATION CITY OF TOWN ROCK VILLE	COUNTY STATE

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the hospital or ottending

24 FUNERAL DIREC

Warner E.

Pumphrey,

Parklawn Ceme 11/23/82 Parklawn Ceme Phrey, Inc., Sil. Spr., Md

Parklawn Cemetery

Rockville,

Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE NOV 23 1982

Substitute of the Cotton The English of the Second Significant Constitution of the Constitution o

7	1	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH		EG. NO.
m 5		CEASED NAME	FIRST		MIDDLE	-	LAST	20. DATE OF DE	ATH MON
eo de			SA	NDR	A		COHEN		t
	3 SI	X	4.	RACE		5. DATE C		6 AGE (IN YEARS	LAST BIRTHOA
(M)		Fema	le	White		12		76	
0	7a. 8	IRTHPLACE (STATE OF	R FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED X	9 BALTIMORE C	ITY OR C
5 E - AND	1	Egy	PT	U	SA	WIDOWE		MONT	1901
1 21 34	10. 0	ITY OR TOWN OF DE	ATH 1	1. NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	120 USUAL OCC	UNTION
The the	0	3e hesdo	3	HEBI	REW H	OME		Seamst	
ND 214 hour	USU 13a.	STATE Md.	136 COUNT		13c. CITY OR TOWN Bethesda	N	13d INSIDE CITY LIMITS?	13e. STREET ADD Hebrev	RESS V Home
MARYLAND ed within 24 ond 2 sh-lite examiner	14. F	ATHER'S NAME	7C	1111			15 MOTHER'S MAIDEN NAM		
uted with complete	0	FIRST	AA I	DDLE	LAST	1	Vona FIRST	MIC	DDLE
		WAS DECEASED EVE	R IN U.S. ARMI	ED FORCES?	16b. SOCIAL SECUI		17 INFORMANT	1001 0	ADDRESS
		YES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	578-48-64		Mr. Joseph	1801 S.	1 Lo
St., BALTIN grifficate be on popers. P emovol.		IN CAUSE OF DEA	THE		line for (a), (b), and				
hat the death ce by the attendin ose remove carb, cremotion, arra		Conditions, if on gave rise to im cause (a), statiunderlying caus	mediate ing the	b)	R AS A CONSEQUE	SPI	RATION		
	N N	PART 2 OTHER SIG	INFICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR	CONDITIO
no bernit. The prior was only in	CERTIFICATION	190. DATE OF OPERA	ATION	196 COND	TION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY	IN
SION OF VITA PHYSICIAN: The ending physicio this certificate b e buriol-transit d Menfol Hygie		210. ACCIDENT WAS UN		216. TIME O HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	D (ENTER NATURE (OF INJURY IN I
PHYSICIA ending ph this certifi ne buriol-ti and Mentol	MEDICAL	21d INJURY OCCUR		P.		19	21/ 100 17/01/		
PHY tendi the bi	ME	WHILE NOT W		21e. PLACE	EET, FACTORY, OFFICE, FA	RM. ETC)	21f LOCATION STREET	CITY	Y OR TOWN
ENDING rol or att DR: After ruse as the Health a		AT WORK AT WE	ORK -						
SEND olo olo olo OR: Vise Heo		22a I certify that (1		l) attended th			. 19	, to	
ATT ATT OSPIN	18	saw the decea above, (I) (we)	(did) (did not)	view the body	ofter death.		nd that in (my) (our) apinion d	eath accurred an	the dote o
AL OR AL DIRIGIONAL DIRIGIONAL DIRIGIONAL DEPOSATE DEPOSA	10	22b. SIGNATURE	R. S	Thak	ù		MD ATTENDING PHYSICIAN	MEDICAL DIRECTOR PI	STAFF
HOSPIT ined by FUNER old be on the Stook on the Stook of	B.	22d. PHYSICIAN'S N	AME (TYPE OR P	RINT)	0		22e ADDRESS	bre W H	one
O HOSF etained TO FUN should b		RAMI	モブト	t	T.A.S.	HAKI	R 6121, r	lomptro	SIR

3 36	^		IE OF BIKIH	AGE IN YEARS LAST BIRTHON	
	Female	White	12 14 · 05	76	MONTHS DATS HOURS MIN.
		76 CITIZEN OF WHAT COUNTRY? 8		9 BALTIMORE CITY OR C	
	COUNTRY) E GYPT	11 () \	RRIED NEVER MARRIED X	hans Too	MARY COUNTY W
in c	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HON	OWED DIVORCED	1.1010	CO GITT MD.
	OK IOWITO BEATH	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	
1	selesda	HEBREW HOM	E	Seamstress	
15U	At RESIDENCE (IF NURSING HOME OR STATE 136 COUN	THE RESIDENCE DE COME ADMISSION			
	Md.	Bethesda	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS Hebrew Hom	e
4 F.	ATHER'S NAME	DO I I DO DIEDUA	15 MOTHER'S MAIDEN NAM		
		MIDDLE	FIRST	MIDDLE	LAST
			Nona		
	VAS DECEASED EVER IN U.S. ARA		D. 17 INFORMANT	1801 S. ADDRESS	Lacienega Blvd.
	TO	578-48-6455A	Mr. Joseph	L. Cohen Lo	s Angeles, Ca 90035
	18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), and (c).)	0	Λ	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		ECAUSE (D) CHRDIC	DULMONF	ORY AKE	REST STANDORAIN
	4775	DUE TO OR AS A CONSEQUENCE O		V	
	Conditions if any which	DUE TO, OR AS A CONSEQUENCE OF	IRATION		
	Conditions, if ony, which	(b) M31	IRBITUR		
	cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	F		
	underlying couse lost	(6)			
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERM	INAL DISEASE OF CONDITIE	ONL GIVEN IN PART 1:-
Z		3	SOUND REELIED TO THE TERM	INAL DISEASE OR CONDIN	SIN GIVEN IN PART ITO
ATK	190 DATE OF OPERATION	LINE CONDITION FOR WILLIAM OPENA	TION WAS DEDUCED.	Las corresponding Las	
0	178. DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	TION WAS PERFORMED	20e AUTOPSY? 20	6. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
CERTIFICATION				YES NO	YES NO NO
8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
	OR CONTRIBUTING CAUSE OF DEAT		AR		
<u></u>	(IF EITHER NOTIFY MEDICAL EXAMINER)		9		
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION	CITY OR TOWN	COUNTY STATE
2	AT WORK AT WORK	(A. HOME, SIREET, FACTORT, OFFICE FARM, ETC.)	,	Cityonia	STATE
		ol) attended the deceased from	10	4-	10
	saw the deceased alive an_			, to	, 19, that (I) (we) last
	above, (1) (we) (did) (did not	view the body after death.	, and that in (my) (our) apinion d	eath accurred on the date o	and hour and from the causes stated
	22b. SIGNATURE		DEGREE	/	22c. DATE SIGNED
	Rr.	Shafu	MD ATTENDING	MEDICAL STAFF	11/1/82
	22d. PHYSICIAN'S NAME (TYPE OR	PRINT	1224 ADDRESS	DIRECTOR PHYSICIAN	
	D . A. 1 = =	- A Olini	THE ADDRESS HE	Ore w Home	DIMA
	KAMLET	+ (.H. > HA)	(IR 0121, 1	Lom trose R	D, Rockwall 20852
	URIAL, CREMATION, REMOVAL	236. DATE 236 NAME O	F CEMETERY OR CREMATORY	23d LOCATION	
	Removal	11/8/82	- CHEMATORI	CITY OR TOWN	COUNTY

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR Anatomy Board

ADDRESS Balto., Md.

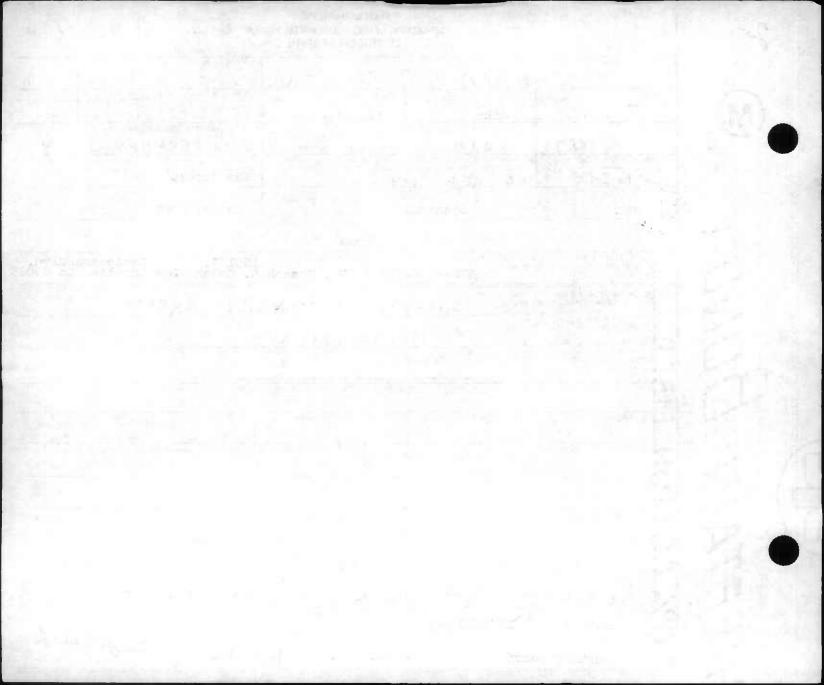
NOV 15 902

9

. 6.82

26 HOUR

11 AM



	FOR STATE REGISTRA	AR		DEPART	MENT OF HEAL	TH AND MENT TE OF DEAT		REG. NO.	293	1
	DECEASED NA	Grace		WIDDLE	(ole		20. DATE C	F DEATH MON	- 14-82	7:50A
	Fema1	e	4 RACE Whit	e	5. DATE OF BII	DAY	year 95 87	YEARS LAST BIRTHDA	MONTHS DAYS	IF UNDER 24 H
13	BIRTHPLACE COUNTRY) NOVa	Scotia	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARK	RIED 9 BALTIM	ore city or cont	OUNTY OF DEATH	
//	Cakoma	Park		HOSPITAL, NURSII ICH FACILITY, GIVE STREET ISTON Adve	NG HOME OR O	THER INSTITUT	ION 12a USUAL	OCCUPATION REFORMOST OF WO THE Make	12b. KIND (DRKING LIFE) INDUSTRY	OF BUSINESS
33	Me.	Pr.	JNTY	GIVE RESIDENCE BEFOR	VN 13d YE	INSIDE CITY LI	IMITS? 13e STREET	ADDRESS DO 1 pl	hin Rd.	
60	James		WIDDLE	Hunt	15 /	A II	IDEN NAME	WIDDLE	Frein	nan
A diction	LYES NO OR UN	(IF YES, C	RMED FORCES? GIVE WAR OR DATES)	022-36		ieorge	McLain S	ADDRESS ame as	s # 13	
event, 16	18. CAUSE PART I	OF DEATH (Enter DEATH WAS CAUS	anly ane cause pe SED BY: ATE CAUSE (a)		ration	Paer	umenia			ONSET AND DEA
pormatic		4 7	DUE TO, C	DR AS A CONSEQUE	ENCE OF				19	81
r other t	cause (e to immediate a), stating the g cause last	DUE TO, C	OR AS A CONSEQU	ENCE OF					
intery, o	PART 2 O	« I . N		ONTRIBUTING TO	DEATH BUT NOT	RELATED TO T	THE TERMINAL DISEA		ON GIVEN IN PART I	a
2	19a. DATE (None	19b CONE	OITION FOR WHICH	OPERATION W	AS PERFORME	D 20a AUT		LIF YES, WERE FINDI CERTIFYING CAUSES YES	NGS USED S OF DEATH?
- 1/4	OR COLUMN	NT WAS UNDERLYING BUTING CAUSE OF D NOTIFY MEDICAL EXAMIN	EATH HOUR A	DF INJURY .M. MONTH D .M.	AY YEAR	HOW INJURY	OCCURRED (ENTER N	ATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	
ryed or	(IF EITHER 21d IN JUR WHILE AT WORK	Y OCCURRED NOT WHILE AT WORK		OF INJURY REET, FACTORY OFFICE		LOCATION		CITY OR TOWN	COUNTY	STATE
21 is m	22a certi	fy that (I) the do- he deceased alive of , (I) and did n	an 10-18	ne deceased fram_ -81 19		, 17	opinian death accurr	ed an the date a	. 17	that (I) (e.c.)
of it then	22b. SIGN	BPatrick	III MO		DEGR		NDING MEDICAL	STAFF PHYSICIAN	22c. DATE	SIGNED
/ VORTAN	22d PHYSI	~ ^	OR PRINT)	0	22e		1221 Cole	wille R		
23	BURIAL, CRE	MATION, REMOVA			NAME OF CEMET	ERY OR CREM	ATORY 736 LOC	ATION	c' Pr. Ge	o. M'č
(B) 24	FUNERAL DIR	16000 A	li Fune	ral Hom	e				REGISTRAR'S SIGNAT	

STATE OF MARYLAND

gran to the state of the state - The first of the same of the Language and the same of the same o The state of the s off The state of the s

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death retained by the hospital or ottending physician.

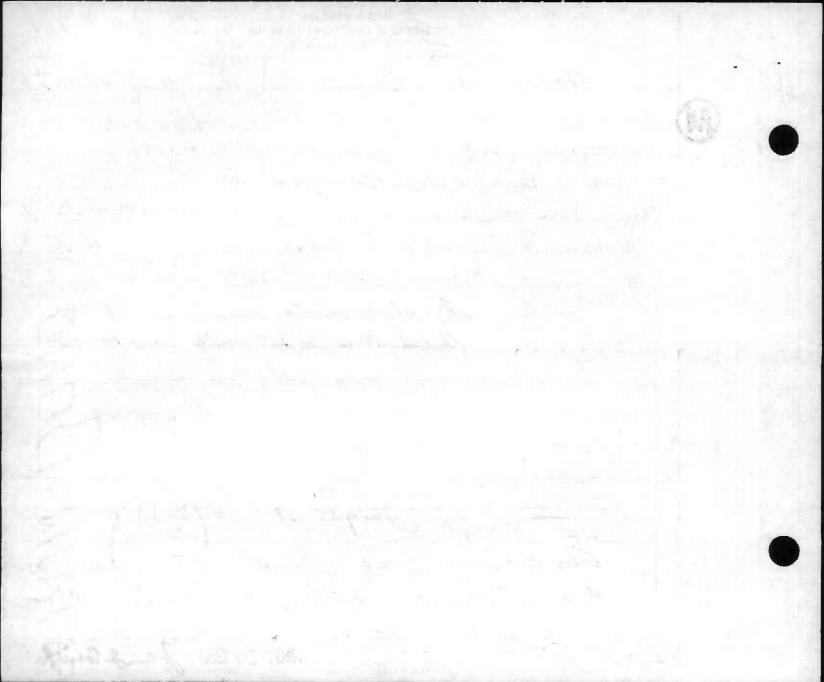
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funshauld be detached for use as the burial-transit permit. Then please, remove carbonpapers. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

	1-	FOR - STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 3 2	2 9 5	7 7
	3 SE	Female	MIDDLE M. RACE Caucasian	5. DATE O		20 DATE OF DEATH 6. AGE (IN YEARS LAST BIRT	MONTH DAY YEAR	
90	NO 10. CI	RTHPLACE (STATE OR FOREIGN COUNTRY) Orth Carolina ITY OR TOWN OF DEATH MEATUR AL RESIDENCE (JENUESSING HOME OR	76 CITIZEN OF WHAT COUNTRY: U. S. A. 11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	MARRIE WIDOWE NG HOME O T ADDRESS)		9. BALTIMORE CITY OF MOTO OF WORK FOR MOST OF HOUSEWIFE	ANCOUNTY ON 12b. KIND FWORKING LIFE) INDUSTRY	MD. OF BUSINESS OR
35	13a S	Mont	gomery Sil. S	pr.	13d. INSIDE CITY LIMITS? YES X NO 15. MOTHER'S MAIDEN NAM		cton Stree	t 20906
Ī		No -	/E WAR OR DATES) 214-03-	9006	EVa 17 INFORMANT Edna B. Vo.			, Md.
	TION	Conditions, if ony, which gove rise to immediate cause (o), softing the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF THE CONTRIBUTING TO	DEATH BUT			Many	
9	CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
9	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH D.P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE.	FARM, ETC)	216 LOCATION STREET 196 and that in (my) (***) opinion or	CITY OR TOV	WN COUNTY	STATE , that (I) (week) lost
_	J	obove, (I) (wa) (dref (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPEO	4. Maun		DEGREE	MEDICAL STAF	F 22c DATI	E SIGNED Mex 11 1982.
	74 FL	SURIAL CREMATION, REMOVAL SPECIFY) INTERIOR E. PUMP	11/16/82 E	Burton Bo:	A /420 MAN	23d LOCATION CITY OR TOWN ON Burt OR TOWN OR T	nsville N	STATE Ad TURE

Per O. Box 7428 Inc.Sil. Spr., Md

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE REGISTRAR		D	STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH	ENE 8	2 REG. I	NO.	2.	9	5	7	-
DECEASED NAME	FIRST	MIDDLE	LAST .	2a. DATE OF	DEATH	MONTH	DAY	YE	AR	2b. HOU	RO

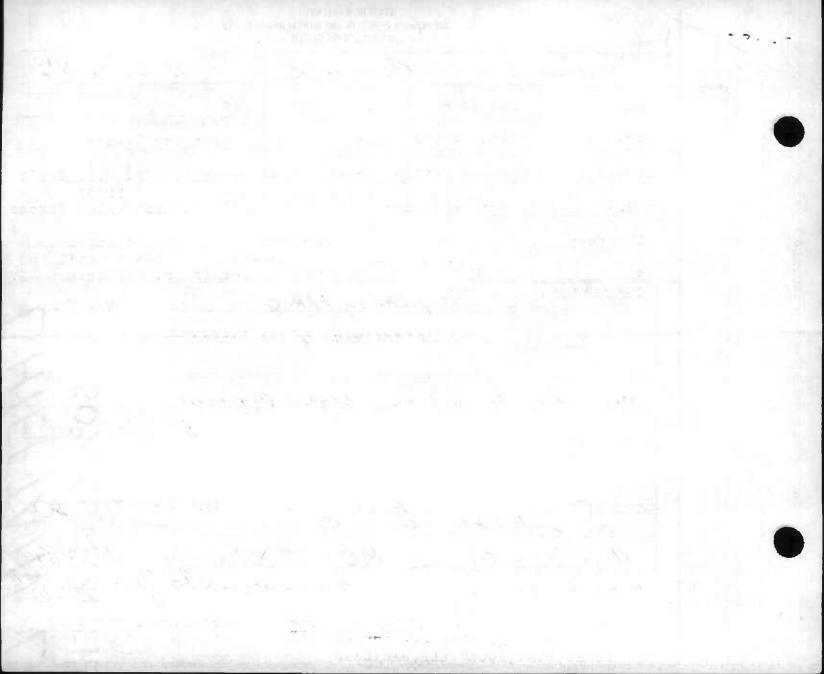
3. 56:	Florence x Female	4. RACE Caucasian	5. DATE OF BIRTH Feb. 28 AY 1908	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HG MONTHS DAYS HOURS MIL
	IRTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUNTRY United States		Montgome	
F	Rockville	11. NAME OF HOSPITAL, NURS FNOT IN SUCH FACILITY, GIVE STREE Potomac Val:	sing home or other institution let address) ley Nursing Home	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Personnel	F WORKING LIFE) INDUSTRY
Vj		ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c. CITY OR TO Lington Arlin		13e. STREET ADDRESS	22201 Longfellow Stre
1	FIRST	LAST Long RMED FORCES? 16b. SOCIAL SEC	Margare	MIDDLE	Buckingham
()	No	nly one cause per line (a.), (b), ced BY:	Margaret C		15401 Quail Ru Dr. Darnestown b
TION	METASTAL	DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR COND	
ERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT MRTAS TAIL 19a. DATE OF OPERATION	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM ORSANIC H OPERATION WAS PERFORMED	MINAL DISEASE OR COND OS Y Choy is 200 AUTOPSY? YES NO X	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
EDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT MRTAS TAS	CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	DEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 21f. LOCATION	MINAL DISEASE OR COND OS Y Choy 1) 200 AUTOPSY? YES NO X RRED (ENTER NATURE OF INJUR	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NOT THE TENT OF PART 2)
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (i) (ihis hasp	DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 19b. TIME OF INJURY HOUR A.M. MONTH ER) 21b. TIME OF INJURY (AT HOME, STREET, FACTORY, OFFICE Dital) attended the deceased from	DEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED DAY YEAR 19 21f. HOW INJURY OCCUR 19 E. FARM. ETC.) 21f. LOCATION STREET 19 ., and that in (my) (our) opinion	WINAL DISEASE OR CONE OS Y Chos is 200 AUTOPSY? YES NO S RRED (ENTER NATURE OF INJUR CITY OR TOV	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
	gove rise to immediate cause (a), stating the underlying cause loss. PART 2 OTHER SIGNIFICANT IPO DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22g. 1 certify that (1) this hasp	DUE TO, OR AS A CONSEO [c] CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 19c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE Sitol) ottended the deceased from 19c. Place of the decease	DEGREE DEATH BUT NOT RELATED TO THE TERM OF SAME OF SA	WINAL DISEASE OR COND OS Y Choy D 200 AUTOPSY? YES NO X RRED (ENTER NATURE OF INJUR CITY OR TOV. death occurred on the do	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO VINITEM 18 PART 1 OR PART 2) WY COUNTY SO THE ORDER OF THE ORDER O

DHMH - 16 50M 4/B2

BP.

HOMES, P.A., ROCKYILLE, MARYLAND (VRA 15, 4)

NUV Z 6 1982



_	
RE, MARYLAND 21201	
-	
Cd	
-	
-	
C	
_	
endb.	
-	
-	
•	
_	
_	
>-	
-	
OK.	
-	
9	
-	
-	
es.	
-	
Or.	
=	
0	
_	
90	
-	
_	
-	
_	
_	
d	
-	
00	
BALTIMORE	
-	
- 7	
-	
N ST	
L/O	
-	
_	
_	
C)	
~	
-	
10	
01	
ш	
-	
RESTON S	
0.	
_	
-	
<	
_	
I W. PRESTON	
0	
201	
201	
201	
5, 201	
5, 201	
102,201	
DS, 201	
RDS, 201	
RDS, 201	
DRDS, 201	
ORDS, 201	
CORDS, 201	
CORDS, 201	
ECORDS, 201	
RECORDS, 201	
RECORDS, 201	
RECORDS, 201	
L RECORDS, 201	
AL RECORDS, 201	
AL RECORDS, 201	
TAL RECORDS, 201	
ITAL RECORDS, 201	
VITAL RECORDS, 201	
VITAL RECORDS, 201	
VITAL RECORDS, 201	
F VITAL RECORDS, 201	
F VITAL RECORDS, 201	
OF VITAL RECORDS, 201	
OF VITAL RECORDS, 201	
OF VITAL RECORDS, 201	
OF VITAL RECORDS, 20	
IVISION OF VITAL RECORDS, 20	
OF VITAL RECORDS, 20	
IVISION OF VITAL RECORDS, 20	
IVISION OF VITAL RECORDS, 20	
IVISION OF VITAL RECORDS, 20	
IVISION OF VITAL RECORDS, 20	
IVISION OF VITAL RECORDS, 20	
IVISION OF VITAL RECORDS, 20	
IVISION OF VITAL RECORDS, 20	
IVISION OF VITAL RECORDS, 20	
IVISION OF VITAL RECORDS, 20	
IVISION OF VITAL RECORDS, 20	
IVISION OF VITAL RECORDS, 20	
IVISION OF VITAL RECORDS, 20	
IVISION OF VITAL RECORDS, 20	
IVISION OF VITAL RECORDS, 20	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer deoth. Page

retained by the haspital or attending physician.

BP. DHMH - 16 50M 4/ (VRA 15, 4)

	- STATE REGISTRAR					ICATE OF DEATH	REG.			
Ī	I. DECEASED NAME (TYPE OR PRINT)	Eth	16	V.	100	Ne y	20. DATE OF DEATH	OV 2	5 82 2	h. HOUI
3	3. SEX Female	, , , , , ,	4. RACE Whi		S. DATE C	13 ^{AY} 1889	6. AGE (IN YEARS LAST	2 7		HOURS
20	70. BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
	Md.	EATH	11. NAME OF			DR OTHER INSTITUTION	Montge 12a. USUAL OCCUPA (TYPE OF WORK FOR MOS	ATION	12b. KIND OF	BUSINE
04	Gaithersby		Wilson	Health C	Care C	Center	Housewi		_	
36	Md.	136. COUN	gomery	Gaithers	/N	13d. INSIDE CITY LIMITS?	130 STREET ADDRES		Э.	
Canal Canal	14. FATHER'S NAME	(772	MIDDLE	Di chone	daan	15. MOTHER'S MAIDEN NA FIRST Amelia	ME Elizal	neth	Gillis	
medicol ex	John 160. WAS DECEASED EV (YES, NO OR UNKNOWN)	ER IN U.S. AR	MED FORCES? E WAR OR DATES)	Richard	JRITY NO.	17. INFORMANT	ADD	201 Ru	ssell A	ve.
e iii	No			215-32-1		William Thos	coney	Gaithe	rsburg I	Md.2
ner troumatic event, th	Conditions, if gove rise to couse (o), str	IWAS CAUSEI IMMEDIAT Iny, which immediate pting the	D BY: E CAUSE (o) DUE TO, O	OR AS A CONSEQUE	STA-1	ic CAROL	NoMA	A	291	SET AND AA
njury, or ather troumatic event, it	Conditions, if a gove rise to couse (o), strunderlying co	IWAS CAUSEI IMMEDIAT Iny, which immediate pting the use lost.	D BY: E CAUSE (o) DUE TO, O (b) DUE TO, O (c)	OR AS A CONSEQUE	ENCE OF	TIC (AROLL) TOT RELATED TO THE TERM			291	AND AND
ws ony injury, or amer troumanc event, the	Conditions, if a gove rise to couse (o), strunderlying co	IMMEDIAT IMMEDIAT IMMEDIAT IMMEDIAT IMMEDIAT IMMEDIATE I	D BY: E CAUSE (0) DUE TO, O (b) DUE TO, O (c)	OR AS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERM		20b. IF YES	291	GS USEC DF DEAT
im 18 shows ony injury, or other froumatic event, the	Conditions, if a gover rise to couse (a), strunderlying co	IMMEDIAT Iny, which immediate of the use lost. IGNIFICANT C RATION UNDERLYING CAUSE OF DEA	DBY: E CAUSE (O) DUE TO, O (b) DUE TO, O (c) CONDITIONS C 19b. COND 21b. TIME C HOUR A	OR AS A CONSEQUE ON TRIBUTING TO ONTRIBUTING TO	ENCE OF DEATH BUT OPERATIO		206 AUTOPSY?	20b. IF YES IN CERTIF	EN IN PART 1101 WERE FINDING CAUSES CO	GS USED
or Hem	PART I. DEATH 19 9 Conditions, if of gove rise to couse (o), stunderlying co PART 2 OTHER S PART 2 OTHER S OR CONTRIBUTING [If EITHER, NOTIFY A 216. INJURY OCC	IMMEDIAT Iny, which immediate ofting the use lost. IGNIFICANT C RATION UNDERLYING CAUSE OF DEA AEDICAL EXAMINER LEVALUATE TO THE	D BY: E CAUSE (o) DUE TO, O (b) DUE TO, O (c) ONDITIONS C 19b. COND 21b. TIME C HOUR A P 21b. PLACE	OR AS A CONSEQUE ON TRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO	ENCE OF ENCE OF DEATH BUT OPERATIO AY YEAR 19	DN WAS PERFORMED	206 AUTOPSY? YES NO RED (ENTER NATURE OF III	20b. IF YES IN CERTIF	EN IN PART 1101 WERE FINDING CAUSES CO	GS USED DF DEAT
is morked or Item	PART I. DEATH Gover rise to couse (o), stunderlying co PART 2 OTHER S PART 2 OTHER S PART 2 OTHER S OR CONTRIBUTING [(IF EITHER, NOTIFY A T WORK MORK MO	IMMEDIAT Iny, which immediate of the use lost. IGNIFICANT C RATION UNDERLYING CAUSE OF DEA LEDICAL EXAMINER URRED T WMILE WORK LOSSE OF DEA LEDICAL EXAMINER URRED LOSSE OF DEA LOS	D BY: E CAUSE (O) DUE TO, O (b) DUE TO, O (c) CONDITIONS C 19b. COND 19b. COND 21b. TIME C HOUR A P 21a. PLACE (AT HOME, ST	OR AS A CONSEQUE ONTRIBUTING TO OTHER WHICH OF INJURY OF INJURY (REET, FACTORY, OFFICE, F	ENCE OF ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM, ETC)	216. HOW INJURY OCCUR	206 AUTOPSY? YES NO RED (ENTER NATURE OF H	20b. IF YES IN CERTIF YES NJURY IN ITEM 18 PA	WERE FINDING WERE FINDING YING CAUSES CO S COUNTY COUNTY	GS USEED F DEAT NO [
t Nem 21 is morked or Nem	PART I. DEATH Gover rise to couse (o), strunderlying co PART 2 OTHER S PART 2 OTHER S PART 2 OTHER S OR CONTRIBUTING (IF EITHER, NOTIFY A TWORK AT WORK SOW WE decodows, (1) (www. 22b, SIG ATURE)	IMMEDIAT Iny, which immediate of the use lost. IGNIFICANT C RATION UNDERLYING	D BY: E CAUSE (o) DUE TO, O (b) DUE TO, O (c) TONDITIONS C I 19b. COND I 19b. CON	OR AS A CONSEQUE ONTRIBUTING TO OTHER WHICH OF INJURY OF INJURY (REET, FACTORY, OFFICE, F	ENCE OF ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	21t. HOW INJURY OCCUR 21t. LOCATION STREET nd that in (my) port opinion DEGREE ATTENDING PHYSICIAN	206 AUTOPSY? YES NO CITY OF THE CONTROL OF THE CITY OF THE CONTROL OF THE CONTRO	20b. IF YES IN CERTIFY YES	WERE FINDING WERE FINDING YING CAUSES CO S COUNTY COUNTY	GS USEED F DEAT NO S
Nem 21 is morked or frem	Conditions, if a gover rise to couse (a), strunderlying co PART 2 OTHER S 190. DATE OF OPE 210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY). 21d. INJURY OCC WHILE AT WORK 220. I cert if shot sow we decopowe, (1) (we)	IMMEDIAT Iny, which immediate of the use lost. IGNIFICANT C RATION UNDERLYING	D BY: E CAUSE (o) DUE TO, O (b) DUE TO, O (c) TONDITIONS C I 19b. COND I 19b. CON	OR AS A CONSEQUE ONTRIBUTING TO OTHER WHICH OF INJURY OF INJURY (REET, FACTORY, OFFICE, F	ENCE OF ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	216. HOW INJURY OCCUR 216. LOCATION STREET 19 nd that in (my) port opinion DEGREE ATTENDING	206 AUTOPSY? YES NO CITY OF THE CONTROL OF THE CITY OF THE CONTROL OF THE CONTRO	20b. IF YES IN CERTIFY YES	WERE FINDING CAUSES COUNTY	GS USEED F DEAT NO S

and the second of the second o

. Many Control of the Control of the

See and state of the second contract of

4. A. ...

12	1,
1	1.

page 3 er death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled wir with the State Dept. at Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked at Item 18 sha

24 FUNERAL DIRECTOR

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1	2	9	5	8	
	31-04	Birde				

REGISTRAR		CFE	TIFICATE OF DEATH	REG. NO.		
. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	LAST	20 DATE OF DEATH MOI	NTH DAY YEAR	2b. HOUR
	ARLES HENRY	COPELAND		NOVEMBER 15	5 1982	3:37 P M
SEX	4 RACE	5 DA	TE OF BIRTH ONTH DAY YEAR UNE 26 1915	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	R IF UNDER 24 HRS
a. BIRTHPLACE (STATE OR I		F WHAT COUNTRY? 8	RRIED X NEVER MARRIED	9 BALTIMORE CITY OR C		
OHTO	HNTTE		OWED DIVORCED	MONTGOMERY		MD.
BETHESDA	TH 11. NAME OF		ME OR OTHER INSTITUTION	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR MOST OF WORK)	ORKING LIFE) INDUSTRY	OF BUSINESS OR
JSUAL RESIDENCE (IF NURS 30 STATE MARYLAND	ING HOME OR OTHER INSTITUTION 136. COUNTY MONTGOMERY	13c. CITY OR TOWN POTOMAC	13d INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS 10200 DEMOCI		
CHARLES HE	RBERT COPEL	AND	15. MOTHER'S MAIDEN NA NELL FIN	ME NSTERWALD	L.	AST
(YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES?	166 SOCIAL SECURITY N		ADDRESS		
YES	1942-1972	046-09-5659	VIRGINIA L.	COPELAND, 102	200 DEMOCR	ACY LANE,
Conditions, if ony, gove rise to imm couse (o), stotin underlying couse PART 2. OTHER SIGN	g the DUE TO, (OR AS A CONSEQUENCE CONTRIBUTING TO DEATH	DF BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION		101
19a DATE OF OPERAL	ton 19b. Con	DITION FOR WHICH OPERA	TION WAS PERFORMED		LET YES, WERE FINDS	
21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR	AUSE OF DEATH HOUR	of injury a.m. month day ye p.m.	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
21d INJURY OCCUR	ILE AT HOME S	OF INJURY TREET, FACTORY, OFFICE, FARM, ETC	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
sow the decease		the deceased from OCTO BER 15 19 82 y offer death.	DBER 20 , 19.82 , and that in (my) (our) opinion (, to NOVEMBER death accurred on the date of	nd hour and from the	that (I) (we) last couses stated
284 SIGNATURE	2 John	um	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	111/	6/82
BRUCE JO				L HOSPITAL, N.		
Ba BURIAL, CREMATION,		23¢ NAME C	OF CEMETERY OR CREMATORY	23d. LOCATION		
CREMATIO	N 11111	7_1082 000	HILL CDENGTOD	CITY OR TOWN	COUNTY	STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital ar attending physician

CHAMBERS CO. INC. SILVER SPRING, Md.

NOV 2 2 HOZ

70 Rogerty Arrasi - Tenn the world we di 11/12 A THIS ASS.

>	
moy	
5	
77	
41	
0	
00	
0	
-	
eoth.	
+	
0	
T	
0	
ofter	
-	
0	
-	
OUTS	
>	
- 2	
-	
4	
CV	
_	
-E	
100	
>	
>	
Po	
0	
5	
V	
ote be exec	
× K	
-	
9	
Ф	
(0)	
-	
100	
-	
200	
Cert	
400	
4-	
0	
0	
70	
0.5	
£	
-	
-	
thot	
+	
10	
uires	
- the	
2	
ed	
-	
-	
5	
0	
-	-
9	0
-	0
	. ~
Z	5
7	上
7	Q.
O	-
HYSICI	9
>	- Sec
PH	TO
0	offeno
-	0
(2)	÷
7	0
die	les.
0	ö
7	_
iii	0
TE	
-	Q.
4	S
~	70
C.	_
0	0
_	the
d	
-	d by
	0
10	-
0	O
9	9
I	=
0	0
TO HOSPITAL OR ATTENDING	etoine

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in the the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

9

TE REC'D. BY REGISTRAR 19

11-	FOR STATE REGISTRAR			DEPART		EALTH AND A		IENE Ö	REG. NO.	2 9	2	0 1
	EASED NAME	FIRST		WIDOLE	-	AST		20 DATE OF D		OAY	YEAR	2b HOUR
		VICH		5 M.	0	RVELL	- I SR	Nov	, 8, 19	781		127
3. SEX	Male		RACE Wh:	ite	S. DATE C		1903	6 AGE (IN YEA	RS LAST BIRTHOAY)	MONTH5	DAYS	IF UNDER 24 HRS HOURS MIN.
7a BIRT	THPLACE (STATE OR FO	OREIGN 7b.	CITIZEN OF US	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER M	ARRIED		OMETY	NTY OF DE	ATH	MC
ilv	or town of DEA er Spring		HO.	HOSPITAL, NURSIN CHEACILITY, GIVE STREET Ly Cross	Hospi	OR OTHER INST	ITUTION	Monto 126 USUAL OF (TYPE OF WORK F Self Er	OR MOST OF WORKIN	G LIFE) INC	USTRY	F BUSINESS OR Cleaner
Mar Mar	ryland	ng home or oth 13b COUNTY Montg		GIVE RESIDENCE BEFORE 131 CHTY OR TOW Silver S	N	13d. INSIDE CI YES 🔀	NO 🗌		ghland	Drive		
	HER'S NAME FIRST Vincent	MIDI		Corvell:			Angelir		MIDDLE	F	ina]	ldi
	AS DECEASED EVER I S, NO OR UNKNOWN) NO	(IF YES, GIVE W.		577-20-2		Nichol		Corvell:	ADDRESS Jrs			as 13e)
	Conditions, if ony, gove rise to imm couse (o, stoting underlying couse	ediote g the solost.	(b) DUE TO, O	PRAS A CONSEQUE	ENCE OF	ntio liter	e My	ordial	Jupardi	= 0	leus _	rent on
RTIFICATION	PART 2 OTHER SIGN Cord 9a. DATE OF OPERAT	ion ion	Sfork 196 COND	ONTRIBUTING TO	iobeti	c ma	lates	200 AUTOP		reido	FINDIN	
MEDICAL	21g. ACCIDENT WAS UND OR CONTRIBUTING CC (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHI	AUSE OF DEATH AL EXAMINER) ED	P. 21e PLACE	.M. MONTH DA	19	211. LOCATIO STREET	iury occurr N		CITY OR TOWN		PART 2)	STATE
2	220.1 certify that (1) sow the decease above, (1) (we) (d	(this hospital)	ew the body	offer deoth.		DEGREE A	TTENDING HYSICIAN	deoth occurred	STAFF PHYSICIAN	hour and f		
(SP	DRIAL CREMATION, F PECIFY) Burial NERAL DIRECTOR		3b DATE ov. 1	1, 1982		Hill C	emetery	23d LOCATI CITY OF Suit	ON TOWN Land Pr.	Geot	ges	Md.

11800 N.H. Ave.,

Silver Spr. Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

Hines Rinaldi Funeral Home

BP.

the state of the s the same of the sa bit agg rawits

		2	
	9	1	
/	O-	U	
	0		

nerol director, page 3 in 72 hours ofter death

4 moy be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 9 5 8

	CEASED NAME	FIRST	, ,	MIDDLE	L	AST	20. DATE OF DEATH MO	NTH DAY YEAR	2b. HOUR
(TYPE	Hel	en .	T	Co	owell		11/26/82		0576
3. SE			RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDA		
	Female		Cau		TON	-1	75	MONTHS DAY	S HOURS A
70 R	IRTHPLACE (STATE OR)	FOREICN 7h	-	WHAT COUNTRY?	Jan.	24, 1701	9. BALTIMORE CITY OR C	YRS.	
	COUNTRY)	TOREIGN /			MARRIE	D NEVER MARRIED	_		
	alifornia		U.S.		WIDOWE		Montgomer		
0. C	ITY OR TOWN OF DEA		1. NAME OF I	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS
F	Rockville	2	shady	Glove A	CIVQY	ntist Hosp.	Secretary		Ret.
	AL RESIDENCE (IF NURS	136 COUNT		GIVE RESIDENCE BEFORE		134. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
	Maryland	Mor		Gaithers		YES TO NO	8103 Fallo	w Dr.	
14. FA	ATHER'S NAME	2202	200	G CALL 0110 2 1	Journ	15 MOTHER'S MAIDEN NA			-
	FIRST	MI	DDLE	LAST		FIRST	MIDDLE		LAST
160 \	Chester WAS DECEASED EVER	INITIS ADAM		rasher	IDITY NO	Anna.	Steinmann		- 12
	YES, NO OR UNKNOWN)		WAR OR DATES)				8103 Fal	low Dr.	
_	No			577-40-2	2422	Michele Cow	ell Galtners	burg, Mar	
	18. CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b), and	d (ch)	1		BETWE	OXIMATE INTERVA
	PART I. DEATH W			Lontr	icul	ar arch	uthmia		3111
	4910								
	1100		DUE TO, O	R AS A CONSEQUE					26,10
	Conditions, if ony	, which	£ .L.	1-1/1/1/					
	Onvo rice to im-		(0)	1701110	Ken	11a			190
	gove rise to immo	mediate ng the	DUE TO, O	BAS A CONSEQUE		110		1/	194
		mediate ng the	DUE TO, O	JV		structive i	pulmonam i	dis 1	Oyu
	couse (a), stating underlying couse	mediate ng the last.	(c)_(BAS A CONSEQUE	ENCE OF	Structive NOT RELATED TO THE TERM	Pulmsnam	ON GIVEN IN PART	Oyu
NO	couse (a), stating underlying couse	mediate ng the last.	ONDITIONS CO	BAS A CONSEQUE	ENCE OF	structive	Pulmonary I	ON GIVEN IN PART	Oyu
ATION	PART 2. OTHER SIGN	mediate ng the e lost. NIFICANT CO	ONDITIONS CO	PAS A CONSEQUE	DEATH BUT	Structive NOT RELATED TO THE TERM			
HCATION	couse (a), stating underlying couse	mediate ng the e lost. NIFICANT CO	ONDITIONS CO	PAS A CONSEQUE	DEATH BUT	structive	200 AUTOPSY? 20	ON GIVEN IN PART	DINGS USED
RTIFICATION	PART 2. OTHER SIGN	mediate and the second	ONDITIONS CO	DATEBUTING TO DE	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? 20	Ib. IF YES, WERE FINI CERTIFYING CAUS YES []	DINGS USED SES OF DEATH? NO []
CERTIFICATION	PART 2. OTHER SIGN 19a DATE OF OPEN 21a, ACCIDENT WAS UNI	mediate ng the e lost. NIFICANT CO THON DERLYING	(c)	BAS A CONSEQUE DONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? 20	Ib. IF YES, WERE FINI CERTIFYING CAUS YES []	DINGS USED SES OF DEATH? NO []
	PART 2. OTHER SIGN PART 2. OTHER SIGN 19a DATE OF OPEN 21a. ACCIDENT WAS UNIOR CONTRIBUTING	mediate ng the last. NIFICANT CO TION DERLYING CAUSE OF DEATH	ONDITIONS CO 1 5200 196. CONDI	BAS A CONSEQUE CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? 20	Ib. IF YES, WERE FINI CERTIFYING CAUS YES []	DINGS USED SES OF DEATH? NO []
	PART 2. OTHER SIGN 19a DATE OF OPEN 21a, ACCIDENT WAS UNI	mediate ng the e last. NIFICANT CO TION DERLYING CAUSE OF DEATH CALEXAMINER)	(c)	BAS A CONSEQUE CONTRIBUTING TO 12 ITION FOR WHICH IF INJURY M. MONTH DA M.	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION	200 AUTOPSY? 20 IN YES NOTER NATURE OF INJURY IN	Ib. IF YES, WERE FINI N CERTIFYING CAUS YES ITEM 18 PART I OR PART 2	DINGS USED SES OF DEATH? NO []
MEDICAL CERTIFICATION	PART 2. OTHER SIGNATE OF OPEN. 210. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER, NOTHY MEDIZAL INJURY OCCUR.)	mediate ng the e last. NIFICANT CO TION DERLYING CAUSE OF DEATH CALEXAMINER) RED	ONDITIONS CO 19b. CONDI 19b. CONDI 21b. TIME O HOUR A. P.	BAS A CONSEQUE CONTRIBUTING TO 12 ITION FOR WHICH IF INJURY M. MONTH DA M.	DEATH BUT OPERATIO AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCUR	200 AUTOPSY? 20	Ib. IF YES, WERE FINI CERTIFYING CAUS YES []	DINGS USED SES OF DEATH? NO []
	PART 2. OTHER SIGNATION OF CONTRIBUTING COUSE 190 DATE OF OPEN 210. ACCIDENT WAS UNION CONTRIBUTING CUE (IF EITHER, NOT WED) 21d. INJURY OCCUMATION OR COTW.	mediate ng the e lost. NIFICANT CO TION DERLYING CAUSE OF DEATH CALEAMINER) RED HILE DRY HI	ONDITIONS CO 19b. CONDI 19b. CONDI 21b. TIME O HOUR A. 21e. PLACE (AT HOME STR	DATE BUT ING TO E	OPERATIO AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 211. LOCATION STREET	200 AUTOPSY? 20 IN YES NOTER NATURE OF INJURY IN	ID. IF YES, WERE FINI N CERTIFYING CAUS YES LITEM 18 PART I OR PART 2	DINGS USED LES OF DEATH? NO STAT
	PART 2. OTHER SIGN 19a DATE OF OPEN 21a. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER, NOTHY MEDI AT WORK 22a.1 certify that (1)	mediate ng the e lost. NIFICANT CO TION DERLYING CAUSE OF DEATH CALEXAMINER) RED (this hospito	ONDITIONS CO 19b. CONDI 19b. CONDI 21b. TIME O HOUR A. 21e. PLACE (ALHOME STR	DATE BUT ING TO E ONTER BUT ING TO E OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE F e deceased from	OPERATIO AY YEAR 19 AAMMETC)	NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION STREET	200 AUTOPSY? 20 IN YES NOTE NATURE OF INJURY IN CITY OR TOWN	Ib. IF YES, WERE FININCERTIFYING CAUS YES UITEM 18 PART I OR PART 2 COUNTY	DINGS USED LES OF DEATH? NO [] STAT
	PART 2. OTHER SIGN 19a DATE OF OPEN 21a. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER, NOTHY MEDI AT WORK 22a.1 certify that (1)	mediate ng the e lost. NIFICANT CO TION DERLYING CAUSE OF DEATH CALEXAMINER) RED (this hospito	ONDITIONS CO 19b. CONDI 19b. CONDI 21b. TIME O HOUR A. 21e. PLACE (ALHOME STR	DATE BUT ING TO E ONTER BUT ING TO E OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE F e deceased from	OPERATIO AY YEAR 19 AAMMETC)	NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION STREET	200 AUTOPSY? 20 IN YES NOTER NATURE OF INJURY IN	Ib. IF YES, WERE FININCERTIFYING CAUS YES UITEM 18 PART I OR PART 2 COUNTY	DINGS USED LES OF DEATH? NO [] STAT
	PART 2. OTHER SIGNATION OF CONTRIBUTING COUSE 190 DATE OF OPEN 210. ACCIDENT WAS UNION CONTRIBUTING CUE (IF EITHER, NOT WED) 21d. INJURY OCCUMATION OR COTW.	mediate ng the e lost. NIFICANT CO TION DERLYING CAUSE OF DEATH CALEXAMINER) RED (this hospito	ONDITIONS CO 19b. CONDI 19b. CONDI 21b. TIME O HOUR A. 21e. PLACE (ALHOME STR	DATE BUT ING TO E ONTER BUT ING TO E OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE F e deceased from	OPERATIO AY YEAR 19 ARM.ETC)	NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION STREET	200 AUTOPSY? 20 IN YES NOTE NATURE OF INJURY IN CITY OR TOWN	DE IF YES, WERE FINING CAUS YES INTERM 18 PART I OR PART A COUNTY	DINGS USED LES OF DEATH? NO [] STAT
	PART 2. OTHER SIGNATE OF OPEN. 210. ACCIDENT WAS UNION OR CONTRIBUTING 21d. INJURY OCCUR. WHILE NOTW. AT WOR. A WO 220. I certify that (1) sow the decosobove. (1) (we) (4)	mediate ng the e lost. NIFICANT CO TION DERLYING CAUSE OF DEATH CALEXAMINER) RED (this hospito	ONDITIONS CO 19b. CONDI 19b. CONDI 21b. TIME O HOUR A. 21e. PLACE (ALHOME STR	DATE BUT ING TO E ONTER BUT ING TO E OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE F e deceased from	OPERATIO AY YEAR 19 ARM.ETC)	NOT RELATED TO THE TERM N WAS PERFORMED 211. LOCATION STREET 19. 3 and that in (mm) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE	D. IF YES, WERE FINING CAUS YES UITEM 18 PART I OR PART 2 COUNTY COUNTY 22c. DA	DINGS USED USES OF DEATH? NO STAT
	PART 2. OTHER SIGN 190 DATE OF OPEN 210, ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER, MOTHY MEDI 21d. INJURY OCCUR WHILE NOT WAT AT WORK AND AND Sow the decess above, (IV) (We) (6 22b. SIGNATURE	mediate mg the grant of the gra	19b. CONDITIONS CONDIT	DATE BUT ING TO E ONTER BUT ING TO E OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE F e deceased from	OPERATIO AY YEAR 19 ARM.ETC)	NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION STREET 19. 30 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 20 IN YES NOTER NATURE OF INJURY IN CITY OR TOWN death occurred on the date of the control of of the	D. IF YES, WERE FINING CAUS YES UITEM 18 PART I OR PART 2 COUNTY COUNTY 22c. DA	DINGS USED USES OF DEATH? NO STAT
	PART 2. OTHER SIGNATE OF OPEN. 210. ACCIDENT WAS UNION OR CONTRIBUTING 21d. INJURY OCCUR. WHILE NOTW. AT WOR. A WO 220. I certify that (1) sow the decosobove. (1) (we) (4)	mediate mg the grant of the gra	ONDITIONS CO. 19b. CONDITIONS CO. 19b. CONDITIONS CO. 21b. TIME O. HOUR A. P. 21c. PLACE (ALHOME STR.) Wew the body	DNTRIBUTING TO I	OPERATIO AY YEAR 19 ARM.ETC)	NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION STREET 19. 3 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 226. ADDRESS	200 AUTOPSY? YES NOTE NEED (ENTER NATURE OF INJURY IN CITY OR TOWN death occurred on the date of MEDICAL STAFF DIRECTOR PHYSICIAN	ID. IF YES, WERE FINING CAUS YES LITEM 18 PART LOR PART 2 COUNTY ONLY 221. DA	DINGS USED LES OF DEATH? NO [] 2) 51AT L. that (Nee) he causes state TE SIGNED 2 G - 8 7
	PART 2. OTHER SIGN 190 DATE OF OPEN 210, ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER, MOTHY MEDI 21d. INJURY OCCUR WHILE NOT WAT AT WORK AND AND Sow the decess above, (IV) (We) (6 22b. SIGNATURE	mediate mg the grant of the gra	ONDITIONS CO. 19b. CONDITIONS CO. 19b. CONDITIONS CO. 21b. TIME O. HOUR A. P. 21c. PLACE (ALHOME STR.) Wew the body	DATE BUT ING TO E ONTER BUT ING TO E OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE F e deceased from	OPERATIO AY YEAR 19 ARM.ETC)	NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION STREET 19. 3 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 226. ADDRESS	200 AUTOPSY? YES NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE	ID. IF YES, WERE FINING CAUS YES LITEM 18 PART LOR PART 2 COUNTY ONLY 221. DA	DINGS USED LES OF DEATH? NO [] 2) 51AT L. that (Nee) he causes state TE SIGNED 2 G - 8 7
MEDICAL	PART 2. OTHER SIGN 190 DATE OF OPEN 210. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER, NOTEY MED) 21d. INJURY OCCUR WHILE NOTEY AT WOR AT WO 220. I certify that (1) 220. SIGNATURE	DERLYING CAUSE OF DEATH CALEXAMINER) RED HILE HILE HILE HILE HILE HILE HILE HILE	ONDITIONS CO. 19b. CONDITIONS CO. 19b. CONDITIONS CO. 21b. TIME O. HOUR A. P. 21c. PLACE (ALHOME STR.) Wew the body	DATE A CONSEQUE ON TRIBUTING TO IT OF INJURY M. MONTH DATE OF INJURY OF INJURY OF INJURY e deceased from ofter death.	OPERATIO AY YEAR 19 ARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION STREET 19. 3 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 226. ADDRESS	200 AUTOPSY? YES NOTE NOTE RED (ENTER NATURE OF INJURY IN CITY OR TOWN death occurred on the date of MEDICAL STAFF DIRECTOR PHYSICIAN 1738 LOCATION	COUNTY COUNTY	DINGS USED LES OF DEATH? NO [] STAT That (Nee) he causes state TE SIGNED Z G - 8
WEDICAL MEDICAL	COUSE (0), static underlying couse (1), static underlying couse PART 2. OTHER SIGN (1) OR CONTRIBUTING (1) ETHER, NOTHY MEDICAL WORLD (1) AT WORLD (1) SOW the decosobove, (1) (we) (1) (22b. SIGNATURE) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	mediate may be a constructed of the construction of the constructi	CONDITIONS	DATE A CONSEQUE ON TO ME CONTRIBUTING TO DE CONTRIBUTION TO DE CONTRIB	OPERATIO AY YEAR 19 ARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCUR 211. LOCATION STREET 211. LOCATION DEGREE ATTENDING PHYSICIAN 222. ADDRESS 207 Brook	200 AUTOPSY? YES NOW NOTE OF TOWN CITY OF TOWN CITY OF TOWN MEDICAL STAFF DIRECTOR PHYSICIAN AND CITY OF TOWN 136L LOCATION CITY OF TOWN 136L LOCATION CITY OF TOWN	COUNTY COUNTY	DINGS USED LES OF DEATH? NO [] 2) 51A1 2. that (Dwe he causes state TE SIGNED 2 (6 - 8 -

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial Hygiene prior to burial, cremation, ar remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be estained by the haspital or attending physician.

Lienon a effect effect of the second effect effect of the second effect effet effect e

A.C. reconding former being being being and being bein

ALL STREET AND AND AND AND ADDRESS OF THE PARTY OF THE PA

8	1.	FOR STATE REGISTRAR		PARTMENT OF HEA CERTIFIC	F MARYLAND LTH AND MENTAL H ATE OF DEATH	REG. NO.	29.	8 3
pe Pe		CEASED NAME FIRS	IMOTHY Micha	el CRE	MINS	20. DATE OF DEATH MC 11/18/82	ONTH DAY YEAR	25. HOUR 2:57 p _A .m
ge 4 moy	3. SE.	Male	4. RACE White	5. DATE OF I	BIRTH DAY YEAR 11 18	6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS	HOURS MIN.
\$ 2	Qu	RTHPLACE (STATE OR FOREIGN COUNTRY) Lincy, Mass		MADDIED	Whieven as a noise.	DALTIMORE CITY OR		MD.
ty her softer o		Bethesda	11. NAME OF HOSPITAL, N (NEMOT IN SUCH FACILITY, GIV Suburban Ho	e STREET ADDRESS) Ospital	OTHER INSTITUTION	(IYPE OF WORK FOR MOST OF WALL OF NEY		of BUSINESS OR erce
n 24 hou filled in hould be	13a S M &	ryland Mo	me or other institution, give residence ounty 134 CITY On t gomery Chevy	Chase 13	d INSIDE CITY LIMITS?	4716 Dorse	et Avenue	20815
ompletely ond 2 sh	14. FA	Patrick	Joseph Ci	emins 15	i, mother's maiden i First Ma	ry		nor
on and con Pages I. Pages I		VAS DECEASED EVER IN U. YES, NO OR UNKNOWN} {IF Y	ES, GIVE WAR OR DATES)	6 0618	Lois Ste		5502 Grey Chase, Ma	
NG PHYSICIAN: The low requires that the death certific rottending physicion. After this certificate has been signed by the attending phy as the buriol-transit permit. Then please remove carban pland Anntal Hygiene prior to buriol, cremation, ar removed or Item 18 shows ony injury, ar other troumatic even			DUE TO, OR AS A CON	SEQUENCE OF D	who ha	ant diseas	3	?
N: The low requires the system of costs have been signed costs permit. Then pleat Hygiene prior to burion is shows ony injury, or	CERTIFICATION	PART 2. OTHER SIGNAIC 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN	191. CONDITION FOR N	VHICH DEBIATION	WAS PERFORMED		OB. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED
NDING PHYSICIAN: Jor ottending physics Research activition Vise as the buriol-tran dealth and Mental Hy is morked or Item 18	MEDICAL C	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED AT WORL TREE CERTIFY that (I) I the	OF DEATH MAINER) P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY.	H DAY YEAR 19 OFFICE, FARM, ETC)	11. LOCATION STREET	, to TOV	COUNTY	STATE , that (I) (We) lost
O HOSPITAL OR ATTER stoined by the hospito of FUNERAL DIRECTION bould be detached for with the State Dept. of H	,-	specific to the specific to th	THE CONTROL OF THE BOOK OF THE CONTROL OF THE CONTR	TO DE	that in (my) (***) apini GREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATI	E SIGNED

Burial

230. BURIAL, CREMATION REMOVAL

230 NAME OF CEMETERY OF CREMUP A PARKLAWN Memoria

Rockville, Maryland

PUMPHREY FUNERAL HOMES, P.A., BETHESDA, MARYLAND

25a, DATE REC'D. BY REGISTRAR 351 REGISTRAR 5 SIGNATURE
NOV 191982

DHMH-16 30M 2/80 (VRA 15, 4)

BP



STATE OF MARYLAND

800.P

10

Yerre X Verre ... Yerre

of the total and the total of the total

only observe y also has never a live by the telest.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME FIRST 2a. DATE OF DEATH HIMOM 26. HOUR (TYPE OR PRINT) MELVIN M. CULP Nov 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MALE To. BIRTHPLACE ISTATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MONTGOMERY ALINOIS WIDOWED 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CROSS 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? IYES. NO OR WIKNOWN (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o OR AS A CONSEQUENCE OF RACT INFECTION Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [sho 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (a) opinion death occurred on the date and hour and from the causes stated ofter death. DEGREE 22c. DATE MEDICAL Should be deto be deto PHYSICIAN. PIRECTOR PHYSICIAN DHMH-16 30M 2/80 (VRA 15, 4)

ET 18 16 18 18 18 18 18 14214615 11.5 19. Mediconsely STEARS STRAIGHT HOLY CROSS PROSPETAL STREETS REGISTER BESTONET PAR YLAND PRONTECIONS SILVER STRING + HRS CRESTHAVEN BRIVE ASA B. CULP NAMEY CREMINATION NIPLITES IT LINEOUN CREM EKENTWOOD, PE MID

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
المام
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the first in relicit, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 21 out and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified a formation

1	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	2 9	5 8 6
executed within 24 hours after death. Page 4 may be a completely filled in by the first tracked to page 3 s 1 and 2 should be filled within the profile of the filled within medical examiner must be notified to the filled within the filled within medical examiner.	3 SE 70. B C C C C C C C C C C C C C C C C C C	CEASED NAME OR PRINT) X FEMALE RTHPLACE ISTATE OR FOREIGN OUNTRY) ALTENDENCE IN NURSING HOME OF STATE MALTERS DENCE IN NURSING HOME OF STATE MALTERS NAME FIRST VAS DECEASED EVER IN U.S. AR	AF NOT IN SUCH FACILITY, GIVE STREET ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY TOOM SELVE KE, MS 1 Y1 GS MODLE LAST SCh U	S DATE OF BIRTH MONTH DAY VEAR MARRIED NEVER MARRIED DIVORCED WIDOWED DIVORCED WIDOWED DIVORCED WIDOWED NOTHER INSTITUTION ADDRESS) IS ADMISSION IS NOTHER'S MAIDEN NOTHER'S	28. DATE OF DEATH AGE (IN YEARS LAST BIRT P BALTIMORE CITY O 128. USUAL OCCUPATION ITTE OF WORK FOR MOST OF 138. STREET ADDRESS 1130. G. C. C.	MONTH DAY YE. HE UNDER I MONTHS E R COUNTY OF DEAT ON 122 XII WORKING LEE INDUS TUNES S WE WE NOTE TO S WE WE WE WE WE WE WE WE WE WE WE	DAYS HOURS MIN
Ine law requires that the obein certificate be explained by the attending physician and mit. Then please remove carbon papers. Pages e prior to burial cremation, or removal.	CERTIFICATION	IB CAUSE OF DEATH (Enter or PART). DEATH WAS CAUSE IMMEDIA. Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	ENCE OF	MINAL DISEASE OR CONI	ton	INDINGS USED
retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate habould be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene IMPORTANT: If Item 21 is marked or Item 18 sh	MEDICAL	sow the deceased alive on above, (I) (we) (did) (did no 276). SIGNATURE Processor of the state	P.M. 21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, 1101) ottended the deceased from 27 19 28 PAINT) R PAINT)	FARM, ETC.) 211 LOCATION STREET 7-30 19 82 82. ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 220 ADDRESS O 19 444	MEDICAL STAF	YES	NO
DHMH-16 25M (VRA 15, 4) 1/79	- (JURIAL CREMATION, REMOVAL SPECIAL DIRECTOR JURIAL DIRECTOR JUNICAL EUG FUNICAL	11-17-82 236. 1 11-17-82 236. 1 16.000 60 27222 16.000 60 27222 16.000 60 27222	NAME OF CEMETERY OR CREMATORY THE LINCOLN CES WISCONSIN AUE 1250. DE	134 LOCATION CITY OF TOWN	PEGISTRAR SONO	STATE COLUMN

Pict wall

the State of the same of the s

and the property of the second section of the second section of the second section of the second section of the

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral dis should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages I and 2 should be filled within 72 hav

injury, or other troumatic

should be detached for use as the buriol-tronsit permit. Then please remove corbon pape with the State Dept. of Health ond Mental Hygiene prior to buriol, cremotion, or removal.

MPORTANT: If Item 21 is morked or Item 18 shows ony

STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPA		HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8	REG. NO.	4 9 3	0 /
	1. DECEASED NAME FIRST (TYPE OR PRINT) IRENE	MIDDLE B.	0	UR NOW	20. DATE OF D		CS82	26. HOUR 2/SAM
	3. SEX FEMALE	4. RACE WHITE	5. DATE		6. AGE (IN YEA	RS LAST BIRTHDAY)	MONTHS DAYS	
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY NEBRASKA	7b. CITIZEN OF WHAT COUNTR	MARRIE WIDOW	ED NEVER MARRIED DIVORCED		COMERY	ITY OF DEATH	MD
	10. CITY OR TOWN OF DEATH ROCKVILLE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR 14310 WOODC	REST I	DR.		CCUPATION OR MOST OF WORKING ARIAN		
4			NWC	134 INSIDE CITY LIMITS?		WOODCRE	ST DR.	20853
1	14. FATHER'S NAME FIRST Charles	E. BOLDI	*	15. MOTHER'S MAIDEN NAI FIRST SARAH	_	WIDDLE	SHAF	ret Name:
	160. WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SE IVE WAR OR DATES) 525–88		CONSTANCE M.	McKERR			CREST DE
	PART I. DEATH WAS CAUSI	nly one couse per line for (a), (b), ED BY: ITE CAUSE (a)	and (c).	ac arro	N		APPROI BETWEEN	NIMATE INTERVAL LONSET AND DEATH
	Conditions, if ony, which	DUE TO, OR AS A CONSEC	QUENCE OF	two hear	r f.	ulue	0 2	loop
	gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEC	DUENCE OF	lustre s	heart	diseo	21 20	year
		conditions contributing t	O DEATH BUT	NOT RELATED TO THE TERM		OR CONDITION O	GIVEN IN PART 1	(o`
)	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATIC			IN CER	YES, WERE FINDI TIFYING CAUSE: YES []	NGS USED S OF DEATH? NO
	OR CONTRIBUTING CAUSE OF DE	R) P.M.	DAY YEAR		RED (ENTER NATU	RE OF INJURY IN ITEM 1	B PART 1 OR PART 2)	
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	CE, FARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE

BP.

HOSPITAL

etained by the haspital or attending physicia

DHMH-16 30M 2/80 (VRA 15, 4)

23b. DATE 11/7/82 CREMATION

sow the deceased alive on above, (1) (40) (did) (de no

230. BURIAL, CREMATION, REMOVAL

220 I certify that (I) (this haspital) attended the deceased from

23c. NAME OF CEMETERY OR CREMATORY CEDAR HILL CREMATORY

22 · ADDRESS

23d LOCATION SUTTLAND

opinion death occurred on the date and hour and from the causes stated

CUISCONSIN AND BETARTOS , ME

that (I) (we) lost

24 FUNERAL DIRECTOR R CREMATION SERVICES R & 3520 CONNECTICUT AVE., N.W. WASH., D.C. 20008

CONNOR 4.9

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

A.A.T. BENESST A TARTE SERVICE TO THE SERVICE S TOTAL AND THE RESERVE A SALEY OF YELLOW ENDING .5 galardo .No. extension .no. it.

R FILES. HOURS STREET,

PLEASE ECTOR.

5	FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 2 9 5 8 8 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.									
		EASED NAME OR PRINT) 4 RAG	JCVV L	erry ME OF BIRTH Oril 6,1	K. K. AGE (IN YEAR YEAR 1 ASERSHDAY) RS	MONTHS		4 HRS. 2t. D	TE KNOWN F ESTI- ITH MATED ATE DUNCED EAD	MONTH MONTH	/13 11 DAY	SV YEAR	24 HOUR 24 HOUR
59	To: 10. Cil	a BIRTHPLACE (STATE OR FOREIGN COUNTRY) Tonnossee City or Town of Death		76 CITIZEN OF WHAT COUNTRY? 8 MA			RRIED DNEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF CO				TY OF DEATH C		
5	USUA 130. ST		ISING HOME OR OTHER		ESIDENCE BEFORE ADMISSION 3c. CITY OR TOWN	13	I. INSIDE CITY LIMITS?	13e STREET AD	PRESS 9	Hzv	0/	21	Rd.
50	He	THER'S NAME FIRST NTY	MIDD		Curtis		Jessie		Lee		Henry		
1	(YE	(AS DECEASED EVER (S, NO, OR UNKNOWN) es	(IF YES, GIVE WAR OR Navy	R OR DATES)							s above		
23	MEDICAL CERTIFICATION	PART I DEATH WAS CAUSED BY: Conditions, fi any, which gave rise to immediate couse (a) stoffing the under-lying cause last. Conditions of the significant conditions contributing to otath but not related to the terminal disease or condition given in part 1 (a).											
		190 DATE OF OPERATION 196 CONDIT			ION FOR WHICH OPERATION WAS PERFORMED?			- 14				JTOPSY?	NO De
		210. EXTERNAL CAL UNDERLYING CONTRIBUTING 21d INJURY OCCUR WHILE AT WORK	OR CAUSE OF DEATH	P.M.	NONTH DAY YEAR 19 INJURY (ATHOME,	21r. HOW 21l LOCA STRE			PERMURY IN ITEM		RT 2)		STATE
1		220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry ond in my apinion death resulted fram: Natural causes Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) M.D MEDICAL EXAMINER SIGNID 13 / 967 EXAMINER'S NAME John S. Rogers ADDRESS 1919 Seminary Rd. S.S.Md.											
	(5)	(TYPE OR PRINT) _ JRIAL, CREMATION, PECIFY) Buria1	REMOVAL 236 DA		23c. NAME OF CEME Union Cer	REMATORY	23d. LOCATIO	N .	COUN	NTY	мď	ATE	

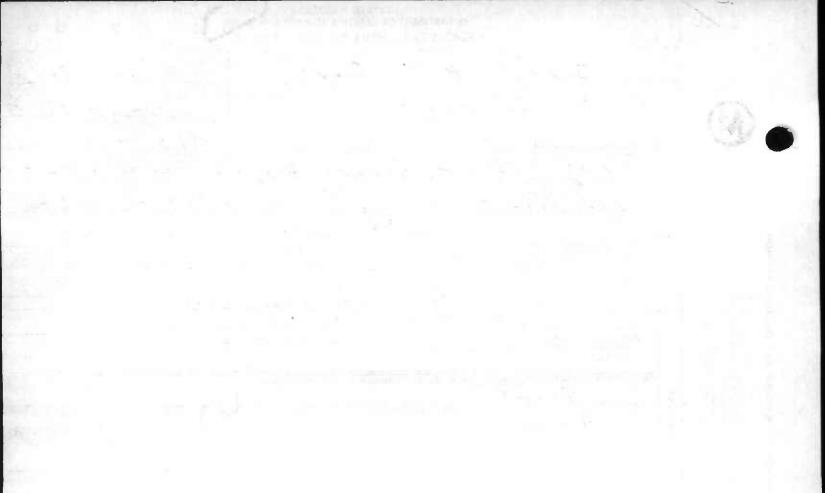
DHMH - 17 (VR A15 ME (5)) 20M 4/B2

BP.

Hires/Rinaldi 11800 N. H. Ave.S.S.Md.

NOV 1 6 1982

RAR'S SIGNATURE



N

njury, ar ather traumatic event, the

to be

should be detached for use as the burial-transit per with the State Dept, of Health and Mental Hygiene MPORTANT: If Item 21 is marked or Item 18

DIRECTOR:

STATE

FATHER'S NAME

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 2	
1	
Com	

LAST

REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.				
I. DECEASED NAME FIRST (TYPE OR PRINT)		MIDDLE LAST						20. DATE OF DEATH MONTH	DAY	YEAR	2b. HO	UR F
B	ertha	Lucill	e Stewa	rt Cus	ster			November 15	198	32	2 2	5.0
3. SEX		4 RACE		5 DATE C	OF BIRTH			6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDE	R 24 HRS
_	1			MONTH	DAY	YEAR			MONTHS	DAYS	HOURS	MIN
Female		Caucasi	an	Jan	14	1 92 4	4	58 YRS.				
To. BIRTHPLACE ISTATE OR FO	OREIGN	6 CITIZEN OF V	VHAT COUNTRY	/? 8 MARRIE	D NEVE	RMARRIED		9 BALTIMORE CITY OR COUNT	TY OF DE	ATH		
Virginia		US	A	WIDOWE	D 🗌	DIVORCED		Montgomery				М
IO. CITY OR TOWN OF DEA			OSPITAL, NURS		OR OTHER IN	STITUTION	1	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		126. KIND OF BUSINESS OF		
Silver Sprin	ng	Holy	Cross .	Hospit	al			Housewife	0	Wn	Hom	10
USUAL RESIDENCE (IF NURS												
13a. STATE	13P CON		13c. CITY OR TO		13d. INSIDE	CITY LIMIT	S?	13e STREET ADDRESS				
Maryland	Mon	tg	Silver	Spg	YES 🗌	ио []Х	<u> </u>	12316 Selfridg	e Rd			

Charles Stewart Unknown nmn WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) No Onxy Custer see 13 None 18. CAUSE OF DEATH (Enter only one cause per line for (a)_(b), and (c).)

LAST

1149	DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which	(b)	
gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
	() (c)	

15. MOTHER'S MAIDEN NAME

			YES 🗌	NOU	YES 🗆	NO [
			IRRED (ENTER NA	TURE OF INJURY	Y IN ITEM 18, PART 1 OR PART 2)
le. PLACE OF INJURY	19	211 LOCATION				
1	P.M. P.ACE OF INJURY	OUR A.M. MONTH DAY YEAR P.M. 19	OUR A.M. MONTH DAY YEAR P.M. 19 8. PLACE OF INJURY 211 LOCATION	OUR A.M. MONTH DAY YEAR P.M. 19 8. PLACE OF INJURY 211 LOCATION	P.M. 19 8. PLACE OF INJURY 211 LOCATION	P.M. 19 8. PLACE OF INJURY 211 LOCATION

ı	22a. certify that (I) (this haspital) att	ended the deceased fram_	JULY	19 (to NOV	19 3 2 that (I) (we) I
	220.1 certify that (I) (this haspital) att	1-12 19	, and that in (m)	y) (aur) apinian deat	h accurred an the date and	hour and fram the causes stated

above, (I (we) did) did not) yew the body after dec	19, and that in (My) (aur) apinion (death occurred a	the date and h	nour and fram the causes state
GRATURE	DEGREE				22c. DATE SIGNED
11. 1 - 10 F11	1	ATTENDING	MEDICAL	STAFF	11 11

PHYSICIAN CORECTOR PHYSICIAN

				4			
d. PHYSICIAN'S NAME (TYPE OF P	#	POLLEN	$1^{2}04^{0}0^{0}$ Conn	Ave	, Ken	sington,	Md

	Jeremy Cook	MD	TO400 COMM	Ave	, 176	ensington,	IVI
23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREMATORY	23d. LC	OCATION		

11-18-1982 Register Chapel Cem Garrisonvolle, Stafford Burila WinChambers Co 8655 Georgia Ave Maryland, 20910

DHMH-16 60M 1:173

TO HOSPITAL TO FUNERAL

(VR A 15 (4))

The state of the s

of the event event treet soften the

and the

t en tier and tier an

and the state of t

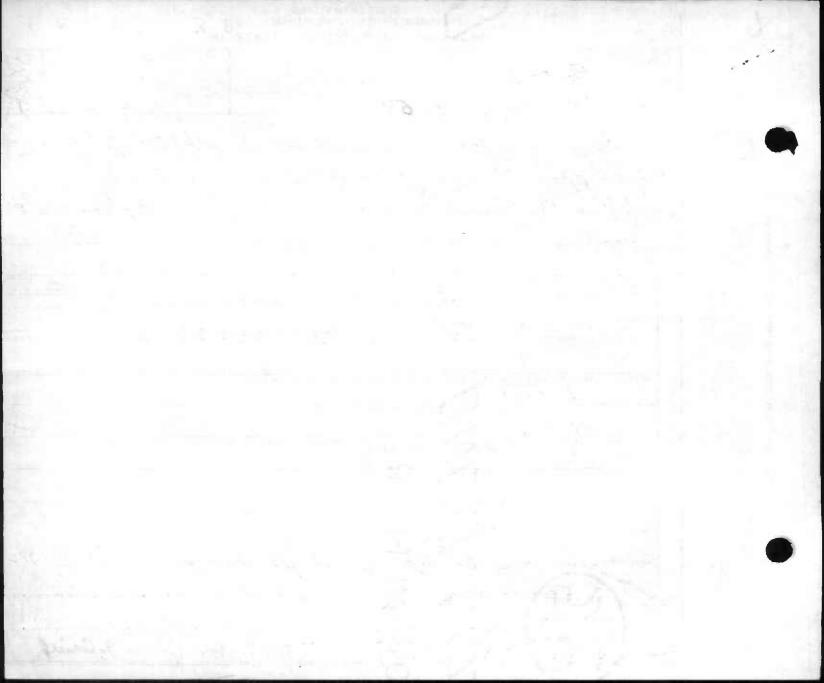
merce a med as a plan

The street to the second

THE STATE OF THE S

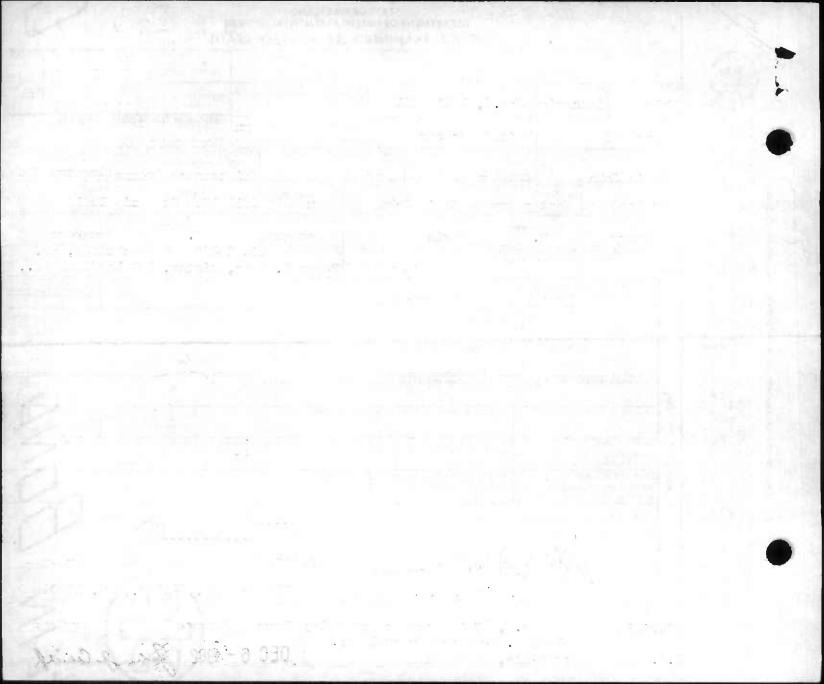
20M 4/82

STATE OF MARYLAND



1
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 **COMEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY AGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR OF SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR OF UNITAL STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION GEVITAL RECORDS, 201 W PRESTON SHALTMORE, MARYLAND, 21201 PRICAT OF BEALTH AND MENTAL HYGIENE, DIVISION GEVITAL RECORDS, 201 W PRESTON SHALTMORE.

le	DONA 14 RACE	LU T.						- 1	OF	ESTI- MATED		0	4 **	00	
	Caucasia	5. DATE OF BIRT	ee 1931	6. AGE (IN YEA	ARS IF UN		IF UNDER		C DATE RONOUN DEAD	NCED	X	9 AONTH	DAY	VEAR	31 HOUR 3: 10
RTHPLACE IS REIGH COUNTRY) arylan	STATE OR	76. CITIZEN OF United		ITRY?	(S.	ED NE	VER MARRI	EDXX	BALTIM	ORE CIT	_		TY OF DE	82 ATH	P M
Y OR TOWN	OF DEATH		FACILITY, GIVE S	TREET ADDRESS)	, OR OTH	ER INSTITU		12a. USU	Mont ALOCCUI OST OF WOR	KING LIFE	(TYPE OF	WORK	12b. KIND OR IN	NDUSTR'	Y
ATE	13b. COUN	R OTHER INSTITUTION	GIVE RESIDENCE	OR TOWN	(NC		ITY LIMITS?								
Harry	T	-	Davis			Mar	rgaret	E	E.				0		
PART I D	EATH WAS CAUSE	BY:			ed								BETWEE	OXIMATE I	NTERVAL AND DEATH
gave r couse (o	ise to immediate) stating the <u>under-</u>	(b)													
PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO OEA	TN BUT NOT RELA	TEO TO THE TERM	INAL DISEASI	OR CONDITIO	N GIVEN IN PAI	RT 1 tak						4	
				WHICH OPER	ATION W	AS PERFOR	MED?					T	1000		NO 🔀
UNDERLYING CONTRIBUT	G OR ING CAUSE OF I	HOUR A	LM. MONTH	19			OCCURRE	D (ENTER N)	ATURE OF INJ	IURY IN ITEA	M 18 PART	T I OR PA	RT 2]	×	
WHILE AT WORK	OCCURRED NOT WHILE AT WORK								CITY OR TO	WN		co	UNTY	À	STATE
	,		described obo			,			Inquiry	nner 🛭		n my ap	pinion		
ACTUAL SIGNATURE	M	197	2		м			T MEDIC	AL EXAM	NINER		DATE	11.	-26-	82
(TYPE OR PR	INT) An									Bal	to.	, M	ld. 2	1201	
			1					CITYO	RTOWN	20				sta v1ar	nd .
	ARESIDENCE TATE TYLAND ATHER'S NAM FIRST HATTY WAS DECEASE ES. NO. OR UNINKNI 18. CAUSE O PART I D Condition gove r couse (o lying co PART 2 0THER'S 190. DATE O 210. EXTERN UNDERLYING CONTRIBUTI 21d INJURY WHILE AT WORK 220. I cert deoth result SIGNATURE EXAMINER'S (TYPE OR PRI	TATE TYLAND TYLAND TO THE FIRST HATTY TO THE FIRST HATTY TO THE FIRST TO THE SIGNIFICANT CONDITIONS THE TYLE THE FIRST TO THE FIRST	TATE 13b. COUNTY TYLAND 13b. COUNTY TYLAND MONTGOMETY ATHER'S NAME FIRST HATTY T. WAS DECEASED EVER IN U.S. ARMED FORCES? ES. NO, OR UNKNOWN] (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per I PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Conditions, if ony, which gave rise to immediate couse (o) stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ORA 19a. DATE OF OPERATION 19b. CON 21a EXTERNAL CAUSE WAS 11b. TIME HOUR A CONTRIBUTING ORA 21b. TIME HOUR A CONTRIBUTING ORA 21c EXTERNAL CAUSE WAS 21b. TIME HOUR A CONTRIBUTING ORA 21d INJURY OCCURRED WHILE STREET, F AT WORK AT WORK 22a. I certify that I took charge of the remains of death resulted frams, Natural causes , ACTUAL SIGNATURE EXAMINER'S NAME AND M. DIX VIRIAL, CREMATION, REMOVAL 23b DATE	TATE 13b. COUNTY 13c. CITY CADITIONS GOVERNOON, GIVE RESIDENCE TATE 13b. COUNTY 13c. CITY TYLAND MONTGOMERY CADI 13c. CITY TYLAND MONTGOMERY CADI 13c. CITY	TATE 13b. COUNTY TYLAND MONTGOMERY Cabin John Montgomery Cabin John Montgomery Ther's name Harry To Davis Not avai 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Canditions, if ony, which gove rise to immediate couse (a) stating the underlying couse last. 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPER 21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 21c Externy that I took charge of the remains described above, held on death resulted fram; Notural causes Accident Security of the couse (a) status of the couse of t	TATE 13b. COUNTY TYLAND Montgomery Cabin John ATHER'S NAME FIRST Harry T. Davis VAS DECEASED EVER IN U.S. ARMED FORCES? ES NO, OR UNKNOWN) [IF YES, GIVE WAR OR DATES] 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY: Canditions, if ony, which gove rise to immediate couse (o) stating the under-lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE UNDERLYING OR DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION W 21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR AT WORK AT WORK AT WORK AND WHOLE AT WORK AND WHILE AT WORK AND WHOLE AND WHOLE AND WHILE AT WORK AND WHOLE AND WHOLE	ATHER'S NAME PRIST VAS DECEASED EVER IN U.S. ARMED FORCES? ES NO, OR UNKNOWN] 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY: Canditions, if ony, which gove rise to immediate couse (a) stating the underlying couse last. PRIZ 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMENT ON STREET. PACTORY, FARM, ETC.) 216. EXTERNAL CAUSE WAS UNDERLYING OR ALL YEARS OF CENTRIBUTING CAUSE OF DEATH 216. INJURY OCCURRED WHILE AT WORK ALL YEARS OF CEMETERY OR CREMENT. 216. EXTERNAL CAUSE WAS UNDERLYING CAUSE OF DEATH P.M. 217. INFORMATION OF THE PRISON OF THE PRI	ATHER'S NAME PRIST PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GLATE BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1996. DATE OF OPERATION 1996. DATE OF OPERATION 1996. DATE OF OPERATION 1996. CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR ALLOW ALL	ALRESIDENCE IP IN INDERSING HOME ON COUNTY TYLAND TATE 136 COUNTY Montgomery 134 INSIDE (ITY LIMITS) 136 STREET 136 COUNTY 136 INSIDE (ITY LIMITS) 136 STREET 136 COUNTY 137 CITY OR TOWN 136 INSIDE (ITY LIMITS) 136 STREET 136 COUNTY 136 STREET 136 COUNTY 136 STREET 136 COUNTY 137 CITY OR TOWN 136 INSIDE (ITY LIMITS) 137 STREET 138 COUNTY 138 CITY OR TOWN 136 INSIDE (ITY LIMITS) 138 CITY OR TOWN 136 CITY OR TOWN 136 CITY COUNTY 136 CITY OR TOWN 136 CITY COUNTY 136 CITY OR TOWN 136 CITY LIMITS 138 CITY OR TOWN 136 CITY CITY COUNTY 136 CITY CITY CITY CITY CITY CITY CITY CITY	LILESIDENCE IN IN USESNAY HOW ONE OR CHEER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) TATE 136. COUNTY TYS AND MONTGOMETY TO DAVIS NOTHER'S MAIDEN NAME FRST TO DAVIS NOTHER'S MAIDEN NAME FRST HATTY TO DAVIS NOTHER'S MAIDEN NAME FRST TO DAVIS NOTHER'S MAIDEN NAME FRST IS MOTHER'S MAIDEN NAME FRST MATGRARET E. WAS DECEASED EVER IN U.S. ARMED FORCES? ES NO, OR LURKNOWN) (IF YES, GIVE WAR OR DAITS) NOT A VALIDABLE BY A COUNTY NO. NOT A VALIDABLE BY A COUNTY LIMITS? 15. MOTHER'S MAIDEN NAME FRST MATGRARET ADDRE MATGRARET BY A COUNTY LIMITS? 15. MOTHER'S MAIDEN NAME FRST MATGRARET ADDRE MATGRARET BY A COUNTY LIMITS? 15. MOTHER'S MAIDEN NAME FRST MATGRARET BY A COUNTY LIMITS? 15. MOTHER'S MAIDEN NAME FRST MATGRARET ADDRE MATGRARET ADDRE CITY LIMITS? 15. MOTHER'S MAIDEN NAME FRST MATGRARET ADDRE MATGRARET 15. MOTHER'S MAIDEN NAME FRST MATGRARET BY A COUNTY LIMITS? 15. MOTHER'S MAIDEN NAME FRST MATGRARET ADDRE CITY LIMITS? 16. SOCIAL SECURITY NO. 17. INFORMANT Zip 20850 17. INFORM	LIKESIDENCE IN IN JUSTISMO MORE OF OTHER INSTITUTION, COUNTY TYLAND NOTICE DAVIS MODIE MONTGOMERY Cabin John 134. INSIDE (ITY LIMITS) VES. 22. NO	IL RESIDENCE IP IN INJURY OCCURRED TATE TAT TAT	IN RESIDENCE IN IN NOTICE TO THE PARTY TO TOWN TO THE STORY TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	IL RESIDENCE IN IN NUMBERS ANAME INTO COUNTY TYLAID INCELT OR TOWN TYLAID INCELT OR TOWN Cabin John YES IX NO 5517 78th St zip 20816 IS MOTHER'S MAIDENNAME FREST MARGINE IN MADLE FREST MARGINE IN MADLE FREST VAS DECEASED EVER IN U.S. ARMED FORCES? IS MOCHANISMOWN (IF YES, ONE WAS CROATES) IN Ot availabl ID CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) IMMEDIATE CAUSE (c) IMMEDIATE CAUSE (c) IMMEDIATE CAUSE (c) IMMEDIATE CAUSE (d) IMMEDIATE	ARE DENCE IN MANUES ANAME TATE 13B. COUNTY TYLAND MONTE



ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours	offe
TTENDING PHYSKIAN: The low requires that the depth certificate be executed	hours
TTENDING PHYSKIAN: The low requires that the depth certificate be executed	24
TTENDING PHYSKIAN: The low requires that the depth certificate be executed	within
TTENDING PHYSICIAN: The low requires that the death certificate be	executed
	pe
	certificote
	deoth
	the
	that
	requires
	MO
	The
AT A	ENDING PHYSICIAN:
	ATT

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be tilled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

tor, page 3 after death

death. Page 4 may be

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 9 5 9
CERTIFICATE OF DEATH

1 05/	CEASED NAME	FIRST	AA II	DDLE	1	AST	20. DATE OF	DEATH M	ONTH	DAY YEAR	2b HOUR
	E OR PRINT)	Judith	Hanne		Davi	Ls		ember	17	1982	3:10
3. SE	Х	4.	RACE		5. DATE C		6. AGE (IN YE	ARS LAST BIRTHE	DAY)	MONTHS DAYS	
F	emale		Whit	е	Apri		47		YRS.	JAN SANS	MOUNT MI
	IRTHPLACE (STAT	E OR FOREIGN 76	CITIZEN OF W	HAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMOR	E CITY OR		Y OF DEATH	
	ndiana		U.S.A		WIDOWE		Monte	romenu	· Co	t.	
	ity or town or crett Pa	rk	I. NAME OF HO		ADDRESS)	DR OTHER INSTITUTION	Mont of 120. USUAL O (TYPE OF WORK	FOR MOST OF Y	N WORKING L	176. KIND INDUSTRY	of Business o
WSU	AL RESIDENCE (IF	NURSING HOME OF OT	HER INSTITUTION G	IVE RESIDENCE BEFORE	ADMISSION)						
	STATE STATE	Montg		3c. CITY OR TOW Garrett		136. INSIDE CITY LIMITS? YES 1 NO	13e. STREET A			The	(20896
	ATHER'S NAME	Thomes	omery 1	Garrett	Park	15. MOTHER'S MAIDEN NA	ME 4507	Clerm	iont	Place	(20090
	FIRST	M I	DDLE	LAST		FIRST		MIDDLE			AST
	Burton WAS DECEASED E	VED IN II S A BAAI		Hannewal		Albertine		ADDRESS	450	McKin 77 Cler	ster
	YES, NO OR UNKNOW		VAR OR OATES)			J. Eugene Da	wie				
	No	-		317-42-1	600	o. nugente na	. V 1.0	Garr	ett	Park,	Mary Lan
	Conditions, if gove rise to couse (o), underlying c	immediate stating the ouse last.	DUE TO, OR (b)	as a conseque	eave ence of	inoma of	BLEE		TION GI	IVEN IN PART I	10
CATION	gove rise to couse (a), s underlying c	ony, which immediate toting the ouse lost.	DUE TO, OR A (b) DUE TO, OR A (c) ONDITIONS CON	A deno	ENCE OF	ihoma of		OR CONDI	20b. IF YE	S, WERE FIND	INGS USED
TIFICATION	gove rise to couse (o), younderlying of PART 2. OTHER	ony, which immediate toting the ouse lost.	DUE TO, OR A (b) DUE TO, OR A (c) ONDITIONS CON	A deno	ENCE OF	NOT RELATED TO THE TERM	200 AUTO	OR CONDI	20b. IF YE		INGS USED
CAL CERTIFICATION	gove rise to couse (a), underlying compared to the part 2. OTHER 19a. DATE OF OP 21a. ACCIDENT WA OR CONTRIBUTING	ony, which immediate stating the ouse lost. SIGNIFICANT CO	DUE TO, OR A (b) DUE TO, OR A (c) PUDITIONS CONDITIONS 196 CONDITIONS 216. TIME OF	A ACUS AS A CONSEQUE INTRIBUTING TO S ION FOR WHICH INJURY MONTH DA	ENCE OF DEATH BUT	NOT RELATED TO THE TERM	200 AUTO	OR CONDI	20b. IF YE IN CERTI	ES, WERE FIND IFYING CAUSE 'ES []	INGS USED S OF DEATH?
MEDICAL CERTIFICATION	GOVE FISE 10 COUSE (0), UNDERLYING CO. PART 2. OTHER 190. DATE OF OF 210. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 21d. IN JURY OC WHILE NOT IN THE CONTRIBUTING CONTRIBUTING (IF EITHER, NOTIFY CO. WHILE	ony, which immediate stating the ouse lost. SIGNIFICANT CO	DUE TO, OR A (b) DUE TO, OR A (c) DIVIDIONS CON 196 CONDITI 216. TIME OF HOUR A.M P.M 210. PLACE OI	A ACUS AS A CONSEQUE NTRIBUTING TO S ION FOR WHICH INJURY MONTH DA	DEATH BUT OPERATIO AY YEAR 19	NOT RELATED TO THE TERM	200 AUTO	OR CONDI	20b. IF YE IN CERTI Y	ES, WERE FIND IFYING CAUSE 'ES []	INGS USED S OF DEATH? NO
1 7	PART 2. OTHER 19a. DATE OF OF 21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 21d. INJURY OC WHILE AT WORK 22a.1 certify the	ony, which immediate toting the ouse lost. SIGNIFICANT CO ERATION SUNDERLYING CAUSE OF DEATH MEDICALEXAMINER! CURRED	DUE TO, OR (b) DUE TO, OR (c) DUE TO	AS A CONSEQUE NTRIBUTING TO S ON FOR WHICH INJURY MONTH DA FINJURY ST. FACTORY, OFFICE, F deceosed from	OPERATIO AY YEAR 19 ARM.ETC)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 211 LOCATION STREET 21d that in (my) (corr) opinion of the corr opinion	200 AUTOI VES CREENATI	OR CONDI	20b. IF YE IN CERTI Y IN ITEM 18	ES, WERE FIND IFYING CAUSE (ES) PART I OR PART 2) COUNTY 19 22 Dur ond from the	INGS USED S OF DEATH? NO STATE
1 7	PART 2. OTHER 190. DATE OF OF 210. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTHY 21d. INJURY OC WHILE AT WORK 220.1 certify the sow the de obove, (1) 4 22b. SIGN AT III	ony, which immediate toting the ouse lost. SIGNIFICANT CO ERATION SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER; CURRED CUR	DUE TO, OR (b) DUE TO, OR (c) DUE TO	AS A CONSEQUE NTRIBUTING TO S ON FOR WHICH INJURY MONTH DA FINJURY ST. FACTORY, OFFICE, F deceosed from	OPERATIO AY YEAR 19 ARM.ETC)	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCUR! 211. LOCATION STREET 19.20 and that in (my) (con) opinion of the condition	200 AUTOI YES RED (ENTER NATI	OR CONDITIONS PSY? NO DIE OF INJURY CITY OR TOWN on the dote	20b. IF YE IN CERTI Y IN ITEM 18	ES, WERE FIND IFYING CAUSE (ES) PART I OR PART 2) COUNTY 19 22 22c DAT	INGS USED S OF DEATH? NO STATE , that (I) (max) e couses stated
MEDICAL	PART 2. OTHER 190. DATE OF OF 210. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTHY 21d. INJURY OC WHILE AT WORK 22d. Certify the sow the de obove, (1) 4 22d. PHYS. IAN 22d. PHYS. IAN	ony, which immediate toting the ouse lost. SIGNIFICANT CO ERATION SUNDERLYING COURED CAUSE OF DEATH MEDICAL EXAMINER; CURRED OF (I) (the bespire) COURRED OF (I) (the bespire)	DUE TO, OR (b) DUE TO, OR (c) DUE TO	AS A CONSEQUE NTRIBUTING TO S ON FOR WHICH INJURY MONTH DA FINJURY FINJURY FINJURY GET, FACTORY, OFFICE, F deceosed from 19 E fiter death.	OPERATIO AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCUR! 211. LOCATION SIREET Add that in (my) (confopinion of the physician of the	200 AUTOI VES RED (ENTER NATI death occurred	OR CONDI	20b. IF YE IN CERT! Y IN ITEM 18	ES, WERE FIND IFYING CAUSE (ES) PART I OR PART 2) COUNTY 19 22 22c DAT	STATE , that (I) (max) e couses stated E SIGNED 17,198

DHMH - 16 50M 4/82 (VRA 15, 4)

retained by the hospital or otherding physician.

TO HOSPITAL OF

BP.

(M)

Jalice Cincernance Contraction of the Contraction o

Coll. Vo

Lean r 0. 101. 13 (10 nton t. 11ver prin , 14. 20210

The second of th

<i>F</i> 1	10
L	
	+

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9

REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0		
DECEASED NAME	FIRST	M	IDDLE		AST	26. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TITE OKTRINI)	KERMIT	CARRO	LL DAVIS			NOVEMBER :	25 198	32	11:34 MF
SEX	4 RAC	CE		5. DATE O		6. AGE (IN YEARS LAST BIE	(YADAY)	IF UNDER 1 YEAR	
MALE		CAUCA	ASIAN	SEPT	EMBER 26 1907	7 75	YRS.	MONTHS DAYS	HOURS MIN.
a BIRTHPLACE (STATE OR	OREIGN 76 CIT	TIZEN OF V	VHAT COUNTRY?	8	D X NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
NORTH CAROL	INA U	NITEI	STATES	WIDOW		MONTGOMER	Y		MD.
O. CITY OR TOWN OF DEA		NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET AL HOSPI	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O RETIRED		FE) INDUSTRY	S. NAVY
JSUAL RESIDENCE (# NURS 30. STATE VIRGINIA	ING F ME OR OTHER IN NOTHER IN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW ANNANDAL	N	13d Inside City Limits? Yes X NO [13e STREET ADDRESS 4710 COMMO	ONS DE		
4 FATHER'S NAME FIRST MARSHA	LL DAVIS	}	LAST		15 MOTHER'S MAIDEN NA	ME ZABETH LIT	CLETON	J LAS	ST
60 WAS DECEASED EVER	IN U.S. ARMED F		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS		
YES	1926-19	55	576-28-1	626	ESTHER DAVIS	,4710 COMMOI	NS DRI	IVE, AP	г. 101,
Conditions, if any, gove rise to imm cause (a), static underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a ACCIDENT WAS UNIT	nediote g the lost NIFICANT CONDI	(c) (C) TIONS <u>CO</u>	AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM			VEN IN PART 11	
						YESX NO	IN CERTIF	YING CAUSES	OF DEATH?
OR CONTRIBUTING (IF EITHER NOTIFY MEDI	AUSE OF DEATH	P.A	a, month da a.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 F	PART 1 OR PART 2)	
AT WORK AT WO	ILE []		ET FACTORY OFFICE, F		211 LOCATION STREET	CITY OR TO		COUNTY	STATE
sow the decease	(this hospital) of ed alive an Nid) (did not) view	OVEME	BER 25 19 8	2, ar	BER 25 , 19 198 Indication (my) (our) opinion DEGREE ATTENDING	death occurred an the d	ate and hou	22c. DATE	SIGNED
276 PHYSICIAN'S NA	ME TYPE OF PRINTS		.,,,		PHYSICIAN	DIRECTOR PHYSIC	IAN X		NOV 82
J.F. PAT	TERSON,	CDR M			NATIONAL CAL	PITAL REGIO			
3a BURIAL, CREMATION,		DATE		AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
NoBurial 19	82 1	1/30/	82 Ar	lingt	on Nat'l. Cem	Arlingt.	on. V	irginia	

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL

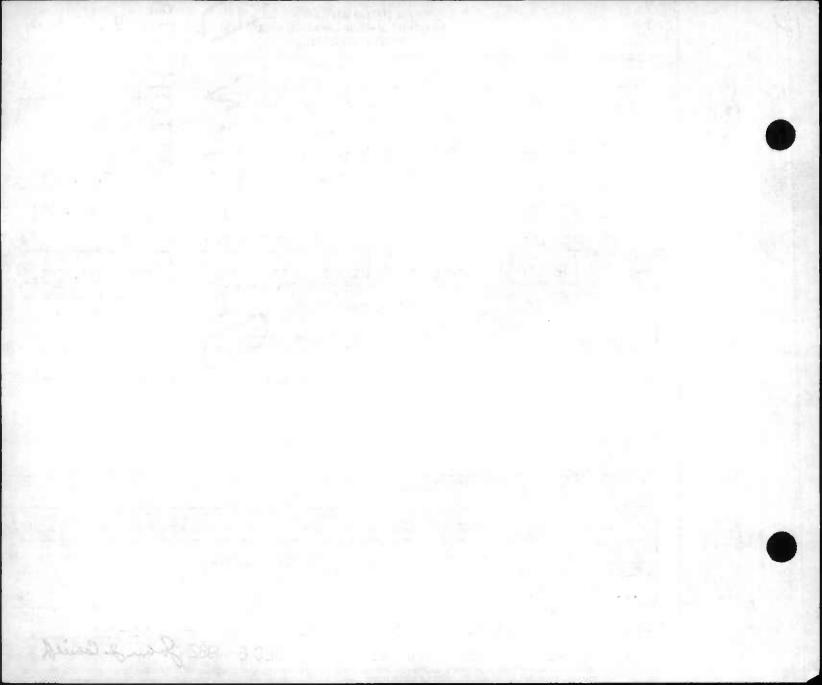
TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the bunal-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

MPORTANT: If Item 21 is marked or Item 18 sha

Murphy Funeral Home-Falls Church, Va.

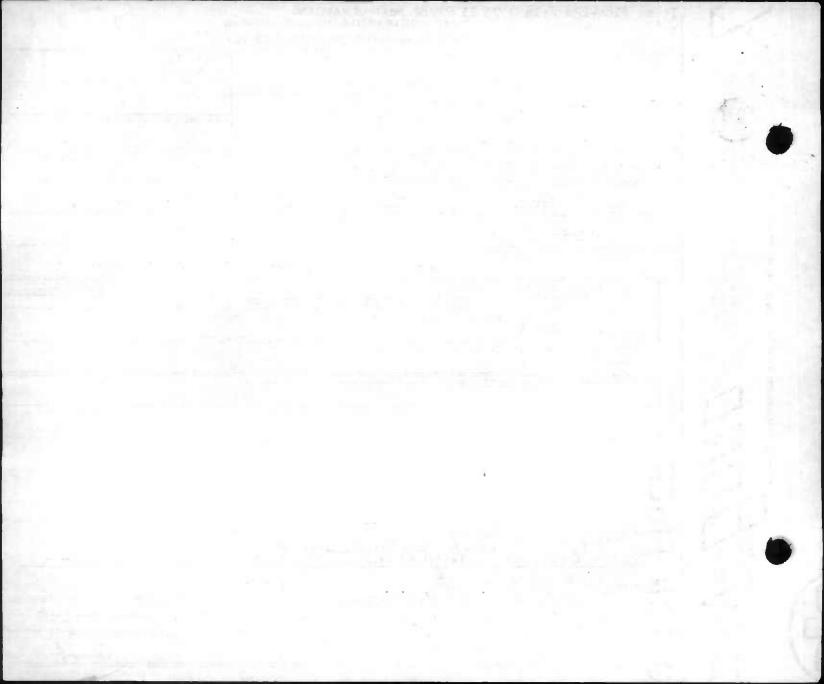
11/30/82

Arlington Nat'l. Cem Arlington, Virginia Pale REC'D. BY REGISTRAR 216 (EGISTRAR SOIGH) Arch, Va.



,	Ž,	Ŧ	'n	ķ.	≷
	2	Ŧ	9	E	3
	3	0	PA	EF	8
_	8	3	Z	08	ĕ
20	Ž.	9	IA	3	8
2	FA	₹	2	무	岩
ð	=	ci.	e	25	3
W.	A	S	8	9	Z
Ö	8	SE	8	4	0
2	TER	PA	Ö	ES	Z
4	AF	<u>\$</u>	I	AG	SI
	JRS	8	2	0	숨
ST	₫	A 18	0	M	Ä
Z O	4	TEY	0	PER	SIEP
ST	Z	Z	A	HS	X
2	王	=	ER	Z	1
≥.	3	Š	1	TR	È
5	E	2	XX	41-	ME
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	3	=	LE	JRI	9
2	X	200	3	8	A
Ö	36	9	G	SA	Ė
W.	9	듄	2	Ad	EA
AL	3	0	HEF	SE	THE STATE OF
7	S	8	Ö	SE L	F
ů.	H	3	出	0	AEN
Z	0	Ξ	-	3	RIA
Sio	RIE	9	D I	SHC	PA
≥	8	Ē	DEL	3	DE
	SE	VR	AR	AG	ATE
		TE,	R	9	ST
	NE.	3	0	O	H
	3	IE	BE	E	H
	X	ER	9	S	3
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IN	execute the certificate, writing the word "Pending" in Pencil in Item 18. Give pages 1, 2, and 3 to the man	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5	TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED	I
	2	13	SH	ER/	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WALL RECORDS, 201
	AED	5	4	S	RD
	SC	Ŝ	AG.	F C	FTE
	×	(ii)	0	Y	4

	REGISTRAR CEASED NAME	E FIRST	MEL	MIDDLE MIDDLE	VER 3 C	AST	2a D	REG. N		DAY YEA
(TYPE	E OR PRINT)	Tanish		A.	D	avis		OF ESTI-		4 1982
3 SEX Fen	male	Black	Aug. 13,	YEAR 6, AGE (IN) LAST BIRTH		DER 1 YR. IF UNDER	MIN PROI	DATE NOUNCED DEAD	MONIH	4 ₁₉ 82
) FOI	RTHPLACE (ST	Md.	U.S.A.		8. MARRIE WIDOWE	DIVORC	ED X	Montgom	ery Co	ounty,
5 F	NO. CITY OR TOWN OF DEATH ROCKVILLE USUAL RESIDENCE (IF IN NURSING POME OF		Shady	PITAL, NURSING HOA CILITY, GIVE STREET ADDRESS Grove Hosp	oital	r institution	FOR MOST O	OCCUPATION (TO OF WORKING LIFE) None	YPE OF WORK	OR INDU
30. ST		(IF IN NURSING TOME OR C 131 COUNTY Mont		13c. CITY OR TOWN ROCKVILL		YES NO NO	13e STREET A	Abbress Ashley A	venue	
0	ATHER'S NAME FIRST	Melvin E.		LAST			e Mary			LAST
16a. W	VAS DECEASEI ES, NO, OR UNKNO NO	D EVER IN U.S. ARME OWN) (IF YES, GIVE WA		None	ITY NO.	Nose Mary	Davis	(Mother		as #]
NC	lying cau		(c)	AS A CONSEQUENCE		OR CONDITION GIVEN IN PAI	RT I I II			
FICATIO	196. DATE OF	OPERATION	196 CONDIT	ION FOR WHICH OPE	ERATION WA	AS PERFORMED?				20 AUTOPS
MEDICAL CERTIFICATION	UNDERLYING	AL CAUSE WAS OR NG CAUSE OF DE		MONTH DAY YE		W INJURY OCCURRE	D (ENTER NATUR	E OF INJURY IN ITEM I	18 PART I OR PAR	
		LO TI CLIOOF OF DE								
MEDIC	WHILE AT WORK			OF INJURY (AT HOME, ORY, FARM, ETC.)	21f LOC ST	ATION REET	City	Y OR TOWN	COU	NTY
MEDIC	WHILE AT WORK	OCCURRED NOT WHILE AT WORK	STREET, FACTO	ORY, FARM, ETC.)	ST	REET	Undetermin	quiry	DATE	inian
	WHILE AT WORK 220 I certi death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	OCCURRED NOT WHILE AT WORK fy that I took charge of from, Natural	of the remains described to the service of the serv	ORY, FARM, ETC.)	Autops Suicide	y XX. Inspection Hamicide IITLE (SPECIFY) D. ASSISTAN ADDRESS !!!	Undetermin	ed manner EXAMINER Street	and in my api	



ATTENDING PHYSICIAN, The

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONT	
(TYP	EO177		DEMBO	NOVEMBER	18 1982 6:45 MM
3. SE	FEMALE '	WHITE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS
0	FEMALE	WILLE	OCTOBER 20,1903	1 ''	YRS MIN.
		CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	
1	MARYLAND	u. s. A.	WIDOWED DIVORCED	MONTGOMERY	COUNTY
			NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
	CHEVY CHASE	BETHESDARETI	REMENT & NURSING	HOUSEWIFE WORK	OWN HOME
	ALRESIDENCE III NURSING HOME OR O			120 STREET ADDRESS	
	D. C. none		TON YES NO [4820 BRAND!	YWINE STREET, N. W
4. E.	ATHER'S NAME		15. MOTHER'S MAIDEN NA	AME	
	(UNASCERTAINABLE	" (UNASCERTA	(INABLE) (UNASCERT	TAINABLE) DOLE	(UNASCÉRTAINABL
6a. \	WAS DECEASED EVER IN U.S. ARM			8715 BRADFO	ORD ROAD
	WAS DECEASED EVER IN U.S. ARM	WAR OR DATES) 166-66-	-1867 JACK B. DEMI	BO, SILVER SPR	ING. MARYLAND
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	ENCE OF ELEVATION HA	art disease	- 1 year -
z	PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITIO	ON GIVEN IN PART 1(a)
CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
	21a. ACCIDENT WAS UNDERLYING. OR CONTRIBUTING. CAUSE OF DEAD OF ETHER, NOTEY MEDICAL EXAMINER.	216 TIME OF INJURY HOUR A.M. MONTH DA		RRED (SHITES HATURE OF HAURY IN IT	Sm 18 PART (GRPART))
MEDICAL	21d INJURY OCCURRED	71+ PLACE OF INJURY	711 LOCATION		STATE FFRUDGS
×	WHILE TO HOT WHALE TO	(AT HOME, STREET, FACTORY, OFFICE, A	AMPLEICI ITHEY	A/a = 10	COUNTY STATE
	22a I certify that (I) Ithis haspita saw the decreased alive an above, (I) provided (Infinat)	1/00 13 10/	guery 10 00	death occurred on the date on	19 5 , that (II leve) last and hour and from the courses stated
	Jain Jain	() ispyre	TIENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/18/82
	DR. J. BL	AINE FITZGERALD). M. D. 8218 WISC	ONSIN AVENUE. 1	BETHESDA, MARYLAND

BURIAL 11/21/1982 KING DAVID MEMORIAL GARDEN FALLS CHURCH, VIRGINIA

11/21/1982 KING DAVID MEMORIAL GARDEN FALLS CHURCH, VIRGINIA

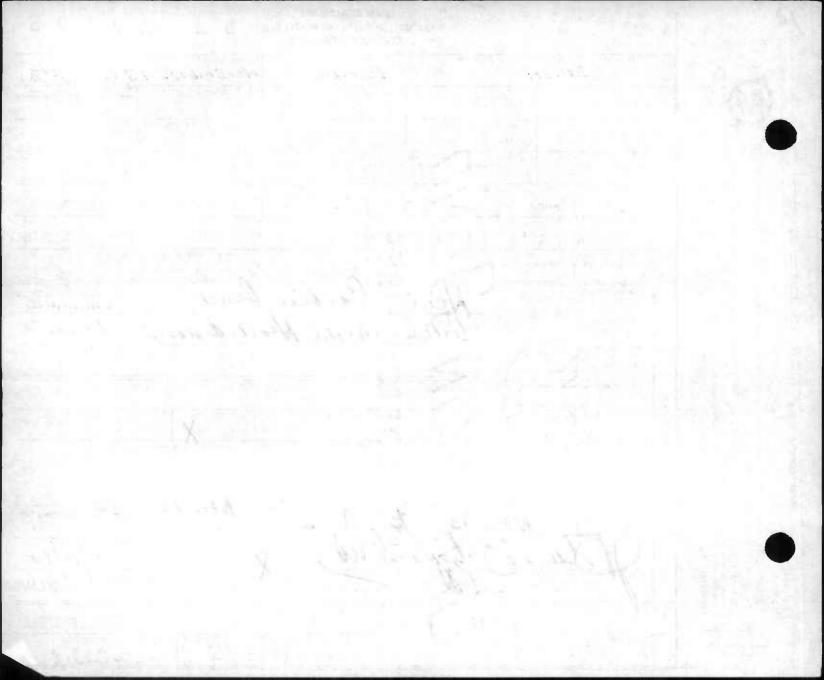
124 FORMALIPOTUR STEIN HEBREW MEMORIAL FUNERAL HOME 1250 DATE REC'D. BY REGISTRAN 1250. REGISTRAN 1250. REGISTRAN 1250. REGISTRAN 1250. REGISTRAN 1250. Complete Complete

DHMH-16 30M 2/80 (VRA 15, 4)

TO HOSPITAL

BP

APCREANT, # 1h



signed by the ottending physicion and completely filled in by the then please remove carbanpopers. Pages 1 and 2 should be filed with

certificate has been

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

MPORTANT: If Hem 21 is marked or Hem 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	2	9	ن	9	6

REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
1. DECEASED NAME (TYPE OR PRINT)	FIRST		MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
	Nancy		М.		Dieudonne	November		1982	1130 P.
3. SEX	4. F	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		F UNDER 1 YEAR	IF UNDER 24 HRS
Female		Whit	e	Sept	ember 18,1919	63	YRS.		
West Virgi	nia 7b.	USA	WHAT COUNTRY?	8. MARRIE WIDOWE	D W NEVER MARRIED	9. BALTIMORE CITY of Montgomer		OF DEATH	. N
Silver Spr		NAME OF P	HOSPITAL, NURSIN HEACILITY, GIVE STREET NETDTOOK	GHOME (DDRESS) Drive	OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Housewife			F BUSINESS C
USUAL RESIDENCE (IFN 130. STATE Md.	13b. COUNTY Mont.	ER INSTITUTION.	GIVE RESIDENCE BEFORE	admission) N	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 501 Sherb	rook I	Orive	
Herbert	MIDI	ÇLE	Mille	r	Nannie Nannie	WIDDLE	2	Will'i	ams
160. WAS DECEASED EV LYES NO OR UNKNOWN) NONE	ER IN U.S. ARMEI		577 26		17. INFORMANT E.L. Dieudonn	ADDRI ne,Jr.(Husb		ame as	13E
	offing the suse last. GNIFICANT CON	(c)		EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON		EN IN PART 10	
TIFIC						YES NO	IN CERTIF	YING CAUSES	
OR CONTRIBUTION	CAUSE OF DEATH	21b. TIME O HOUR A.I P.I	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART 1 OR PART 2}	7 10
(IF EITHER, NOTIFY M. 216, INJURY OCCU WHILE NOT AT WORK AT	WHILE WORK	21e. PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC }	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
220.1 certify that sow the dece above, (1) (week 22b. SIGNATURE	(I) (the bespitel) osed olive on (did) (did sot) vi	1114	19	- (, 19 / 19 / 19 / 19 / 19 / 19 / 19 / 19	, to, to	ote and hour		
ar	hilas	lean	- m	8.	ATTENDING PHYSICIAN	MEDICAL STA		11/1	5/82
A.F.	Thibadea				10111 Coles	ville Road	S.S.Mo	1.	

23c. NAME OF CEMETERY OR CREMATORY

Arlington Cemetery

DHMH - 16 50M 4/82

MAMM/Rinaldi 11800 N.H.Ave. S.S.Md. (VRA 15, 4)

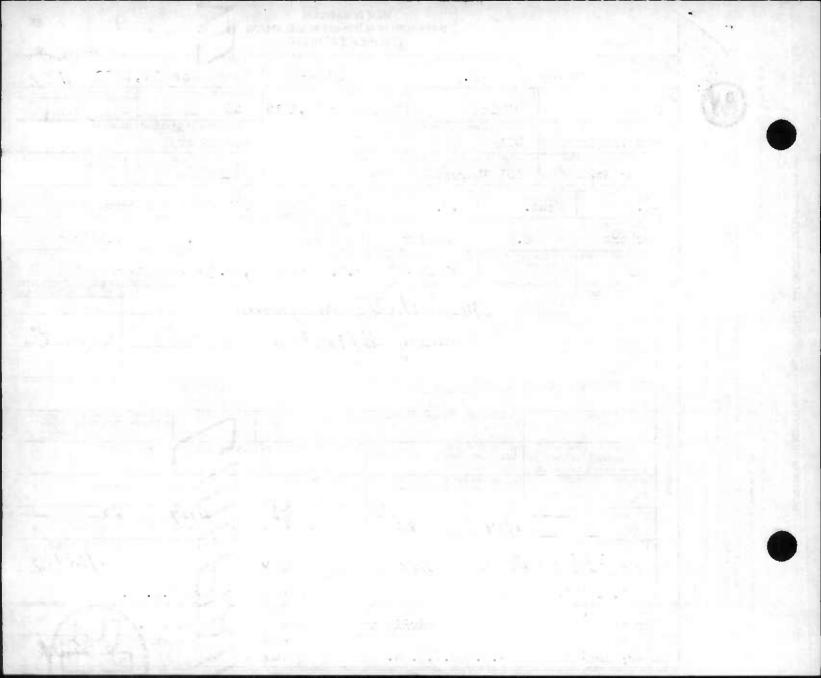
236. DATE

11/18/82

23a. BURIAL, CREMATION, REMOVAL Burial

Arlington, Va.

STATE



executed within 24 hours ofter de

death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 9

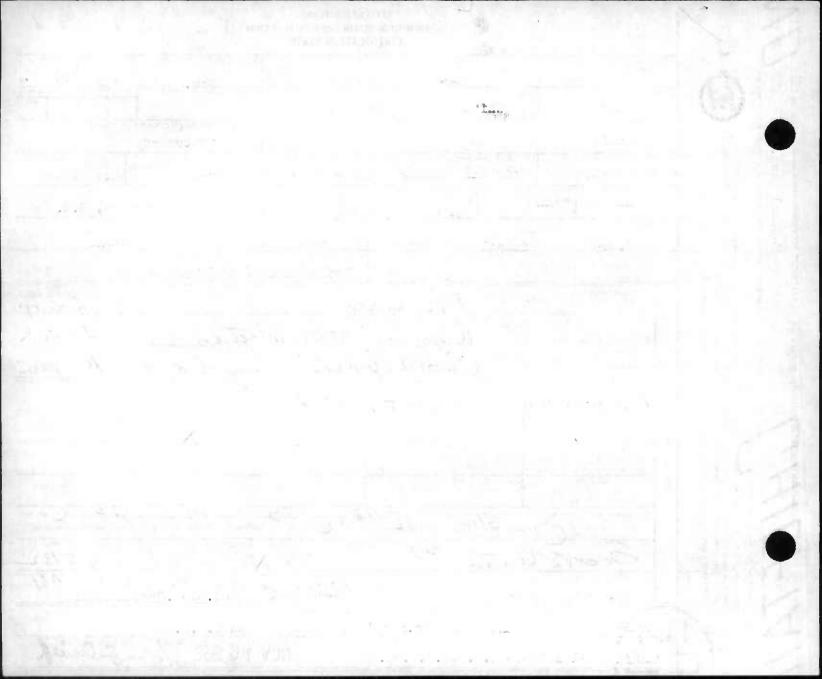
	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO.		
	EASED NAME FIRST	WIDOLE	LA	ST	20. DATE OF DEATH MONTH	H DAY YEAR	2b. HOUR
(TYPE O	Franc	cis Joseph	D-f	Misa	Nov	13 1982	5:40 P
3. SEX	Flame	4. RACE	5. DATE OF		6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR	
	Male	White	Marc	n 29° 1896°		YRS.	HOURS M
7a. BIR	THPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTE	RY? 8.	☑ NEVER MARRIED □	9. BALTIMORE CITY OR CO	UNTY OF DEATH	
	Sicily	USA	WIDOWED		Montgome	ery	
	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR			120. USUAL OCCUPATION		OF BUSINESS
Silv	er Spring	Fairland Nurs	ing Ret:	irement Cent	er Glazer	Auto	
USUAL 13e. ST	L RESIDENCE (IF NURSING HOME ATE 181. CO	OR OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)	13d. INSIDE CITY LIMITS?	13g. STREET ADDRESS		
			gton DO	YES 🔲 NO 🗌	5500 Nebraska	Avenue,	N.W.
14 FAT	HER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA	AME		AST
	Joseph		Misa	Jacquel:	ina	Copola	i <u></u>
	AS DECEASED EVER IN U.S	ARMED FORCES? 166 SOCIAL SE	ECURITY NO.	17. INFORMANT	ADDRESS		
	Yes	WW 1 578-46	-9937	Elvida DiMi	sa(Wife)Same_a		
	18. CAUSE OF DEATH (Enter	only one cause per line for (a), (b),		1		BETWEEN	XIMATE INTERVAL
11		IATE CAUSE (a)	aluou	la			4 das
	7760	DUE TO, OR AL CONSE	OUENCE OF	, , , , ,	()		1
	Canditions, if any, which	(16) Uppe	s wish	vocas in	teclien	-4	- avec
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	CURTE OF C	sputive.	lundisa	ce le	o year
	PART 2. OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING	TO DEATH BUT N	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	N GIVEN IN PART	110
Z	Cerepolas	cular accid	est.	oct			
CERTIFICATION	90 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION	I WAS PERFORMED		IF YES, WERE FIND	
THE I					YES NO	YES [NO [
18	210. ACCIDENT WAS UNDERLYING		DAY VEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)	
1	OR CONTRIBUTING CAUSE OF	DEATH	DAT TEAR				
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION	CITY OR TOWN	COUNTY	STATE
_	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	ICE, FARM, ETC }	SIREE		COUNTY	31812
1 F		ispital) attended the deceased fra	m 5//	0 1979		1982	, that (I) (we)
	sow the deceased alive	00 10/16	0 - /	that in (my) (aur) opinior	death accurred on the date or	nd hour and from th	ne causes states
	DOONE (III/we) (did (did	not view the body after death.	- D	EGREE		226. DAT	ESIGNED.
	Cent	Key To M	P		MEDICAL STAFF DIRECTOR PHYSICIAN	- 111	15-18-
1	22d. PHYSICIAN'S NAME (TY)	PE OR PRINTI		220. ADDRESS	DIRECTOR DIPHYSICIAN L		11
				10620 6	reonia the	15.5.	1119
	Dr.George 1			`	enn Med. Bldg.G	eorgia Av	e
230. BL	JRIAL, CREMATION, REMOV.			METERY OR CREMATORY	CITY OR TOWN	COUNTY	STAT
Bu	ırıal	11/16/82	it.Mary'	s Cemetery	Wash.D.C.		

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

Pines/Rinaldi 11800 N.H.Ave.S.S.Md.

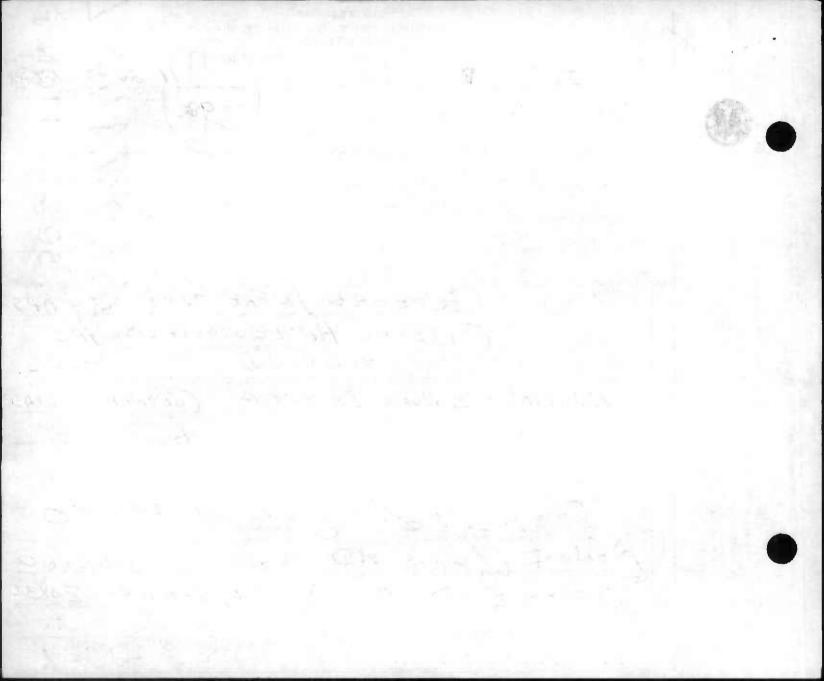
NOV 16 1982 PEGISTRAR



BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

4	FOR STATE REGISTRAR			DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 2	REG. NO.	9 5	98
	1. DECEASED NAME	FIRST	WIDDLE	7	LAST	2a DATE OF D		DAY YEAR	2b. HOUR
-	3. SEX	LDA		D	ONNElly OF BIRTH	6 AGE (IN YEAR		20 82	3:45PM
ŀ	Female		a v casi			AGE (IN YEAR	YRS.	MONTHS DATS	HOURS MIN.
1	BIRTHPLACE (STATE O	FOREIGN 76. C	ITIZEN OF WHAT	OUNTRY? 8	ED NEVER MARRIED		CITY OR COUNT	Y OF DEATH	
1	PENNSYLVA		U.S.A.	WIDOW	ED DIVORCED	_	GOMERY		MD.
	OLNEY	ATH IT.	IF NOT IN SUCH FACILITY	AL, NURSING HOME (Y, GIVE STREET ADDRESS) NURSING HO	OR OTHER INSTITUTION	120 USUAL OC	CUPATION OR MOST OF WORKING	LIFE) INDUSTRY	OF BUSINESS OR DMINISTRA
	130 STATE MARYLAND			IDENCE BEFORE ADMISSION) IY OR TOWN LVER SPRIN		13e STREET AD	PRED OAK	DRIVE	20910
	JOHN	MIDDL	RST	LAST	15. MOTHER'S MAIDEN NA	ME	- Martin	WOLFE LAS	ī
Ì	160 WAS DECEASED EVE	R IN U.S. ARMED	ORDATES	CIAL SECURITY NO.	17 INFORMANT		ADDRESS		
	(YES NO OR UNKNOWN)	(202	-22-6287	DOLORES , ROB	BERSON	SAME AS	13 DA	UGHTER
	underlying cou	y, which immediate and the elast.	IC)	UTING TO DEATH BUT	NOT RELATED TO THE TERM DEHENT	D AUTOPS	RCONDITION G POA 70h # Y1 IN CERT	IVEN INDART	
	DR CONTRACTOR	CAUSE OF DEATH	HOUR A.M. MI		71s HOW INJURY OCCUR	MED CENTER NATUR	E OF PARRY IN THE OWN THE	FART I DEFART 21	
	WED THE HOLES WE THE THE THE THE THE THE THE THE THE TH	ener El	THE PLACE OF INJU	JRY ONY, OFFICE, YARM, ETC.)	TH LOCATION	ç	77 CH 70 W	COUNTY	31411
	22s.1 certify that	li (this hospital) o	3/26/	56	nd that is any lour is painted.	double recovered or	the date and ho	1082	the (i) (ive) last
	27 07	la F	1 body day	Liks 0	DEGREE	MEDICAL DIRECTOR D	10000	171 DATE	0/82
	100	NACO PRO	F. 6	EUSIS UE	O LN	,		AND	20832
	230 BURIAL, CREMATION	1:	1/22/82	METROPOL	CEMETERY OR CREMATORY	23 d. LOCATIO	CANDRIA	COUVIRG	INIASTATE
	24 FUNERAL DIRECTOR F				1901 100	22 1982	ISTRAR PREGIS	0 0	URE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. For a signed by the ottending physician. DR. After this certificate has been signed by the ottending physician and completely filled in by the funeral e		(1)	化
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Polar attending physician. R. After this certificate has been signed by the attending physician and completely filled in by the funeral elements.		h.	2
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. It are attending physician. R. After this certificate has been signed by the attending physician and completely filled in by the funeral		2	0
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death or attending physician. R. After this certificate has been signed by the ottending physician and completely filled in by the fune		=	70
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after only an attending physician. R. After this certificate has been signed by the ottending physician and completely filled in by the face.		9	on o
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours off or attending physician. R. After this certificate has been signed by the ottending physician and completely filled in by the		5	9
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INDIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INDIVISION OF VITAL PHYSICIAN. The low requires that the death certificate be executed within 24 hours it and physician and completely filled in by R. After this certificate has been signed by the ottending physician and completely filled in by	_	oft	=
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21 PULISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21 DIVING PHYSICIAN: The low requires that the death certificate be executed within 24 houst of or attending physician. R. After this certificate has been signed by the attending physician and completely filled in	20	5	9
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND FALLINORE PHYSICIAN: The low requires that the death certificate be executed within 24 at an attending physician. R. After this certificate has been signed by the ottending physician and completely filled.	21	2	70
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAY NDING PHYSICIAN: The low requires that the death certificate be executed within st or ottending physicion. R. After this certificate has been signed by the ottending physicion and completely f	9	24	= e
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARY INDING PHYSICIAN: The low requires that the death certificate be executed with all ar attending physician. R. After this certificate has been signed by the ottending physician and completel	Y	- 2	×
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MA NDING PHYSICIAN: The low requires that the death certificate be executed valor attending physician. R. After this certificate has been signed by the attending physician and comple	K	15	e te
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, A FNDING PHYSICIAN. The low requires that the death certificate be executed and physician. R. After this certificate has been signed by the attending physician and car	Y Y	-0	du
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORI NDING PHYSICIAN: The low requires that the death certificate be executed physician. R. Affer this certificate has been signed by the ottending physician and	m'	ofe	00
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMA NDING PHYSICIAN: The low requires that the death certificate be e is an attending physician. R. After this certificate has been signed by the attending physician o	000	xec	P
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAIT NDING PHYSICIAN: The low requires that the death certificate b It or ottending physicion. R. Affer this certificate has been signed by the ottending physicio	X	é	0
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA NDING PHYSICIAN: The low requires that the death certificat of an attending physician. R. After this certificate has been signed by the ottending physic	5	0	0
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NDING PHYSICIAN: The low requires that the death certificate physician. R. After this certificate has been signed by the attending pl	8	0	ysi
DIVISION OF VITAL RECORDS, 201 W. PRESTON S NDING PHYSICIAN: The low requires that the death ce to attending physician. R. After this certificate has been signed by the attending	Ε.	1	d
DIVISION OF VITAL RECORDS, 201 W. PRESTO INDIVISION OF VITAL RECORDS, 201 W. PRESTO INDIVISION The law requires that the death of an attending physician. R. After this certificate has been signed by the attend	Z	9	ding
DIVISION OF VITAL RECORDS, 201 W. PRES NDING PHYSICIAN: The law requires that the de of or attending physician. R. After this certificate has been signed by the off	0	4	enc
DIVISION OF VITAL RECORDS, 201 W. P. NDING PHYSICIAN: The low requires that the st or attending physician. R. After this certificate has been signed by the	ES	9	0
DIVISION OF VITAL RECORDS, 201 W NDING PHYSICIAN: The low requires that all ar attending physician. R. After this certificate has been signed by	ā.	‡	the
DIVISION OF VITAL RECORDS, 201 NDING PHYSICIAN: The low requires the low or other or other physician. R. After this certificate has been signed	}	to to	þ
DIVISION OF VITAL RECORDS, 3 NDING PHYSICIAN. The low require st or othending physician. R. After this certificate has been sign	20	\$0	Pa
DIVISION OF VITAL RECORD SINDING PHYSICIAN: The low requires or otherdring physician. R: After this certificate has been s	S,	- 5	g
DIVISION OF VITAL RECO PINDING PHYSICIAN: The low rate of the physician. R: After this certificate has bee	8	69	S
DIVISION OF VITAL RE INDING PHYSICIAN: The lo no ottending physicion. R: After this certificate has I	8	3	pee
DIVISION OF VITAL INDING PHYSICIAN: The or ottending physicion IR: After this certificate h	OC.	0	So
DIVISION OF VIT NDING PHYSICIAN: of or ottending physics IR: After this certificat	AL	The	9
DIVISION OF Y	=	Z X	00
DIVISION C NDING PHYSIC of or othending IR: After this cer	P.	¥ d	197
DIVISIO NDING PHY of or offending: R. After this	Z	SK	9
DIVIS NDING F SI or other R. After t	0	HY	his
NON S	>	C)	-
Z - 2	0	Z	Afr
		N To	SR:

		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	9 5 9 9
		CEASED NAME FIRST	O.	Drangeid.	20. DATE OF DEATH MONTH DAY	0.
	3. SEX	Female	4 RACE White	5. DATE OF BIRTH MONTH DAY MAY 23 1901	6. AGE (IN YEARS LAST BIRTHOAY) IF MOT	UNDER 1 YEAR IF UNDER 24 HOURS M
Car /		RTHPLACE (STATE OR FOREIGN OUNTRY) Norway	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY <u>OR</u> COUNTY O Montgomery	FDEATH
35	R	OCKUILL	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Shady Grow	ADDRESS Adventist Aosp	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife	126. KIND OF BUSINESS INDUSTRY
200	UŠUA 130. S	TATE Minn. Henn	NTY 13c. CITY OR TOW	N 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 5416 Beacon Hill	Rd.
85	4. FA	THER'S NAME FIRST Einar	MIDDLE LAST Olson	15. MOTHER'S MAIDEN NA FIRST Agenta	WE	Unknown
Sedicol 3		(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIT	MED FORCES? 16b. SOCIAL SECU		ADDRESS 16515	Norwood Dr Minn 553l
, or other traumatic ev		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ZJCA		•Jr	7 yR.
Gului Auro	CERTIFICATION	19a Date of Operation		OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF YES, V	VERE FINDINGS USED NG CAUSES OF DEATH?
m 18 s	_	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITEM 18 PART	
marked or the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f. LOCATION	CITY OR TOWN	COUNTY STATE
If Hem 21 is		22s I cartify that (I) (this hash	tal) attended the deceased from Nov 19 19 5 view the body after death.	DEGREE ATTENDING	, to 20, 19 death accurred on the date and have a MEDICAL STAFF TOIRECTOR PHYSICIAN	, that (I) (we) nd from the causes stated 224. DATE SIGNED
MPORTANT		22d. PHYSICIAN'S NAME (TYPE	J. Mayo	22e ADDRESS 66	220 Frederick oithersburg, and	Ad. 20877
	(urial, cremation, removal ^{SPECIFY} Burial	Nov.23, 182 0	cean View Cemetery	Staten Island, F	igh Book
4/82		NERAL DIRECTOR Callum-Rice F.	48. Gif H. Staten Isl	fords Lake, 250.DA	LON Satter Brown ARECIZIES	SIGNATURE

DHMH - 16 50M 4/82 (VRA 15, 4)

- The State of Spot Actually Land Physics 2 1 1971 198 19 that the second of the second The state of the s

Material of the second state of the second o

and completely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

njury, or other froumotic event, the

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4 3	
1	
6ma	
State of	

2960

REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.			
DECEASED NAME FIRS		MIDDLE	L	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
ROBERT	T W		DUR	GET	November	12.	1982	7:50 pm	
SEX	4. RACE		5. DATE O		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS		
MALE	WHITE		NOV.	16, 1899 YEAR	8	2 YRS		AOURS MIN.	
BIRTHPLACE (STATE OF FOREIGNEW JERSEY	76. CITIZEN OF	WHAT COUNTRY?	MARRIE(XXNEVER MARRIED	9 BALTIMORE CITY MONTGOM	_		MD	
OLNEY	Montgo	mery Ge	nera.	rother institution L Hospital	120. USUAL OCCUPA (TYPE OF WORK FOR MOS SALES MA)	TOF WORKING	G LIFE) INDUSTRY	OF BUSINESS OR BINDER	
	OME OR OTHER INSTITUTION, COUNTY ONTGOMERY	GIVE RESIDENCE BEFORE 136. CITY OR TOWN SILVER S	N	13d. INSIDE CITY LIMITS? YES NOXX 15. MOTHER'S MAIDEN NA	130. STREET ADDRESS		WOOD DR.	20906	
PHILIP	MIDDLE	DURGE.	r	ANNIE	MIDDLE		MACK	EY	
	S. ARMED FORCES? (ES GIVE WAR OR DATES)	166 SOCIAL SECU 084-07-42							
Conditions, if ony, whis gove rise to immedia cause (a), stating the underlying cause la	he DUE TO, O	R AS A CONSEQUE	NCE OF	Congestion of the term	- ord 4	rece	of Se	24 hrs.	
	orderet Black				20a AUTOPSY? YES NO	20b. IF	YES, WERE FINDI	INGS USED	
OR CONTRACTOR CALLES	OF DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM	18 PART 1 OR PART 2)		
(IF EITHER NOTIFY MEDICAL EX. 21d. INJURY OCCURRED WHILE AT WORK AT WORK	(AT HOME STE	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET			CITY OR	nwor	COUNTY	STATE	
220. I certify that (I) (this sow the deceased all obave, (I) (we) (did) (c) 22b. SIGNATURE	ve on // //	affer death.	. (d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN IS	death occurred on the	AFF	hour and from the	that (I) (II) lost e causes stated E SIGNED	

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

DHMH - 16 50M 4/B2 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 23b. DATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

FOR

23c. NAME OF CEMETERY OR CREMATORY

22ª ADDRESS

Leisure

Silver

world

Jpring

Medical

NOV.16,1982 DULANEY VALLEY MEM.GDNS. 24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

Gustovo, Belaval

23d. LOCATION
CITY OF TOWN
S. COCKEYSVILLE
C'D. BY REGISTRAR 18 PEGISTRA
1 8 1982

The state of the s EIGHT 2 IN THE STATE OF THE STA 189 THE THE 7-4225 COULDED . I 1581 WHILE THE THE The state state of the state of

1213 ... 4. 0.0

Should be a series of the seri

.Ho		1.	FOR STATE REGISTRAR		DEPARTA	MENT OF HEAL	MARYLAND TH AND MENTAL I	HYGIENE 8. 2	2	9 6	0 2	
	may be poge 3		Dorothea	Bro 14. RACE	MIDDLBROOKS HOKS	DUVE 5. DATE OF BI	DUVALL 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR NOV. 27 1982 1 am					
	h. Page 4 al director 2 hours of	7a. B	rthplace (State or Foreign COUNTRY PENN.	7b CUIZEN OF	te WHAT COUNTRY?	MARRIED S	15 06 NEVER MARRIED	9 BALTIMORE CITY	YRS	OF DEATH	HOURS MIN	
10	ofter death. If the funeral distribution 72 morified at any one of the following of the fo		OLNEY		HOSPITAL, NURSIN	WIDOWED G HOME OR O	M DIVORCED	Man+qu 120 USUAL OCCUPA 1175 ECRETA	TION U	126. KIND OF	MD. BUSINESS OR Y GOV.	
MARYLAND 2120	(M) 335	13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUI	ROTHER INSTITUTION NTY ONt.	Gaithe	rsburg	INSIDE CITY LIMITS	325 Muc	ldy Bra	anch F	₹d•	
	cample 1 ond	,	TAMES -		oks	15.	Emma	MIDDLE -		NOWN LAST		
BALTIMORE,	be executed an and construction and cons		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU 162-03		NFORMANT Patricia	p. Miles	Gaitl	nersbu	a Dr. urg, Md.	
W. PRESTON ST.,	equires that the death certificate in signed by the attending physics. Then please remove carbon paper to burial, cremation, or removal. injury, or ather traumatic event, the	NOI	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER STONE ICANT	DUE TO, O DUE TO, O DUE TO, O (c)	OR AS A CONSEQUE	NCE OF	RELATED TO THE TE	CON BUTCH	NDITION GIVE	ya Ja		
TAL RECO	N: The law r tysicion. icate hos bee consit permit. Hygiene prio	CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH			200 AUTOPSY?	IN CERTIFYI		GS USED OF DEATH? NO []	
DIVISION OF VITAL RECORDS, 201	HOSPITAL OR ATTENDING PHYSICIA ined by the hospital or attending ply FUNERAL DIRECTOR: After this certifuld be detached for use as the buriolit in the State Dept. of Health and Mental ORTANT: If them 21 is marked or them	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (this hosp sow the deceased alive on obove. (Thous) (did) (did) 22b. SIGNATURE 22d. PHYS. C. 1. S. NAME 1117.	HOUR A P 21e PLACE (AT HOME, ST ATTH THE MAN BY THE BODDY	.M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	19 21f	LOCATION STREET 19		OWN	COUNTY		
	F 5 7 7 7 4		urial, cremation, removal Burial	The second second	9,1982		TERY OR CREMATOR	CITY OF TOWN		COUNTY	STATE	
	DHMH - 16 50M 1/81 (VRA 15, 4)	24 FL	INERAL DIRECTOR RANCIS H. BAF		AYTONSV:			Gaither Date REC'D. BY REGISTRAL C 1 1982	Shurg R 25h REGISTRA	Mont AR'S SIGNATU	RE Md.	

and the state of t .b , redemodition d 0=0 01.17.170 *310 - MKB-- 4.4

poge 3

moy be

executed within 24 hours ofter death. Page

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

9 0

2

REGISTRAR					LAIL OI L		REG	NO.		
1. DECEASED NAME	FIRST	MIDDLE		LAS	ī		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	DOROTHY	/	CORREN	E	DWYI	R	NOVEMB	ER 2.	1982	11 =p,
3. SEX	4. F	RACE	5	DATE OF	BIRTH	YEAR	6 AGE (IN YEARS LAS	BIRTHDAY)	MONTHS DAYS	HOURS MIN.
FEMALE		CAUCASIAN		JUNE		911	71	YRS		
To, BIRTHPLACE (STAT	E OR FOREIGN 76.	CITIZEN OF WHA	T COUNTRY? 8	MARRIED	XXNEVER A	AARRIED -	9. BALTIMORE CIT	Y OR COUN	TY OF DEATH	
MARYLAND		U.S.A.		VIDOWED		ORCED	MONTGO			M
10 CITY OR TOWN OF	DEATH III.	(IF NOT IN SUCH FACE			OTHER INST	ITUTION	12a USUAL OCCUP (TYPE OF WORK FOR MO	ST OF WORKING	LIFE) INDUSTRY	OF BUSINESS OR
KENSTNGTO			ATTACA NO. A CONTRACTOR OF THE PARTY OF THE)		HOUS	EWIFE		
13a. STATE	13b. COUNTY	13с. (CITY OR TOWN	- 11	3d. INSIDE C		13e. STREET ADDRES			
MARY LAND	I MONTGO	MERY IKE	NSINGTO		YEXX	MAIDEN NAM		MIDVA	LE RUAD	20895
FIRST	MIDI		LAST			FIRST	MIDDL			ST
JOHN 160 WAS DECEASED E	WILL]		SOWIE, J.		17 INFORMA	<u>IARRIET</u>		ELDA DRESS	CARPE	NIER
(YES, NO OR UNKNOWN									10 10	UUODING
NO			213-46-		ELME	R ARTHUF	2 DWYER	SAME		HUSBAND
PART I. DEAT	EATH (Enter only of H WAS CAUSED B	Y:	er (a), (b), and (c)	TORY	Fai	LUTE			BETWEEN	XIMATE INTERVAL
10	IMMEDIATE CAUSE (o)								3	14197
Condition if	Conditions, if ony, which								32	noull
gove rise to	immediate	(b)								-77
	gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS ACONSEQUENCE OF COLUMN A 4 MONTH.									renth
PART 2. OTHER	SIGNIFICANT CON	NDITIONS CONTR	IBUTING TO DEA	ATH BUT N	OT RELATED	TO THE TERMI	NAL DISEASE OR C	ONDITION G	IVEN IN PART 1	la:
	HYPE		KION							
190. DATE OF OP	ERATION	196 CONDITION	FOR WHICH OF	PERATION	WAS PERFO	RMED	20a AUTOPSY?		ES, WERE FIND	
E E							YES NO		YES	NO [
		21b. TIME OF INJ	ury month day	YEAR	21c. HOW IN	JURY OCCURRE	ED (ENTER NATURE OF	NJURY IN ITEM 18	PART 1 OR PART 2]	
(IF EITHER NOTIFY	MEDICAL EXAMINER)	P.M.		19						
(IF EITHER NOTIFY 21d INJURY OCC		21e. PLACE OF IN	JURY ACTORY OFFICE FARA		21f LOCATIO	N	CITYO	RIOWN	COUNTY	STATE
WHILE NO	T WORK									
	et (I) (this hospital)	ottended the dec	eosed from	Aug	15	. 19 75	_, to	~ 2	. 19	, that (I) (we) los
obove, (I) (v	ceased alive an ve) (did) (did not) vi	iew the body after	death.			(our) opinion d	eoth occurred on th	e date and h		
22b. SIGNATURE		. 0.	110		GREE A	TTENDING .	MEDICAL S	TAFF	22c. DAT	ESIGNED
	eign	1	roce			PHYSICIAN A	DIRECTOR PHY	SICIAN		
220. PHISICIAN	S NAME (TYPE OF PR	P. Lik	PRE	MA	22e ADDRES	10 40	_		UTAL	
/			.,,		- 1	RENSI.		Ma	. 201	-7/
230 BURIAL, CREMATI		23b. DATE			METERY OR	REMATORY	23d LOCATION CITY OR TOWN		DOT OF	o simb.
BURTA 24 FUNERAL DIRECTO		11/6/82		1. LI	NCOLN	25n DATE	REC'D. BY REGISTR		PRI GE	MU.
NAME	FKANC.		LINS	NO 14	000	MON	/ 8 1982	So	an 2	shelf
500 UNTV	BLVD. WI	SI. SILL	IEK SPKI	NG. ML	1. 209	1101	0 1000	10		

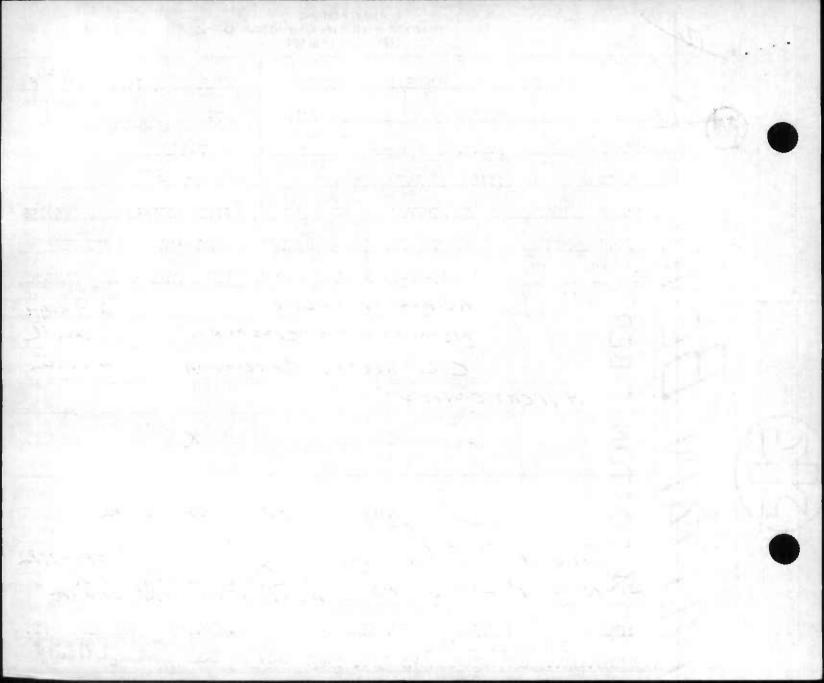
500 UNIV. BLVD., WEST, SILVER SPRING, MD.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the fa should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed with

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical should be detached for use as the burnol-transit permit. Then please remove corbon page with the State Dept. of Health and Mental Hygiene prior to burnol, cremotion, or removal.



0
12
-
5
0
7
2
3
~
or
4
2
MARYLAND 21
~
~
2
2
=
-
BALTIMORE, A
60
-
S
7
~
0
10
iii
000
0
W. PRESTON ST
-
201
20
U)
0
OC.
0
Ú
w
OK.
-
4
=
DIVISION OF VITAL RECORDS,
I.A.
ō
2
Z
0
-
5
>
-
2

/	1-	FOR STATE	D	EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG	SIENE 8 2 2	9604
		REGISTRAR	MIDDLE	CERTIF	ICATE OF DEATH	REG. NO.	DAY YEAR 7h HOUR
7.5		CEASED NAME FIRST OR PRINT) MATY	MIDDLE	Ede	Istein	11/21/82	DAY YEAR 26 HOUR 70M
9	3. SEX		RACE	S. DATE C)F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Female	White	5	9 1895	87 YRS	
1819	7a. BIF	THPLACE (STATE OR FOREIGN 71	. CITIZEN OF WHAT CO	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	
101	10. CJ	New York	U.S.A. 1. NAME OF HOSPITAL,	NURSING HOME C	DROTHER INSTITUTION	120. USUAL OCCUPANDN	12b. KIND OF BUSINESS OR
\$ 00	5	lur Spring	HOLY CT		tospiteL	Housewife	Own Home
307	USUA 13a. S	L RESIDENCE OF NURSING HOME OR O	THER INSTITUTION GIVE RESIDEN		134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	20901
D 1	Mo		gomery Si		YES NO	25 E. Wavne	
L CA	14. FA	_		LAST	15. MOTHER'S MAIDEN NA	WE	Hoffenberg
10	160 V	Samuel AS DECEASED EVER IN U.S. ARM		ohen AL SECURITY NO.	Dora 17. INFORMANT	_ ADDRESS	Hollenberg
nedic			WAR OR DATES		Harold Bre	25 E.Wayı ennersil Spr	ne Ave., #406
a V		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED			^		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
even		PART I, DEATH WAS CAUSED IMMEDIATE		ranche	M		3 weeks
aptic		4370	DUE TO, OR AS A CO	NSPQUENCE OF	B. A CO	el comer.	11000
trou		Conditions, if any, which gave rise to immediate	(b) CC	penin	en ve ce	ru a vapens	4 (gene
othe		cause (a), stating the underlying cause last.	DUE TO, OR AS A PO	NSEQUENCEOF	variale a	rease	
iry. or	7	PART 2 DTHER SIGNIFICANT CE	PHOTIONS CONTRIBUT	NO TO DEATH AUT	NOT RELATED TO THE TELM	INAL DISEASE OF CONDITION O	SIVENYN PART YOU COLLY
iu iu	CERTIFICATION	I COLLABOR MA	THE CONDITION FOR	WHICH OPERATIO	LOGY WIRELES	energy and	YES, WERE FINDINGS USED
in Sw	IFIC/	in paresir Great in [1]	THE CONTROL OF TO	Miller or contro	7	YES NO IN CER	TIFYING CAUSES OF DEATHT
8 sho	CERT	210, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MON	ITH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	The Stand
He a	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			
0	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	(AT HOME, STREET, FACTOR	, OFFICE FARM, ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY
No. No.		AT WORK AT WORK 220.1 certify that (1) (this hospital		(lune 10 to 2	1/- 2	(19 P) that (I) (we) last
18		saw the deceased alive on_	011.21	1956	, 17	death accurred an the date and h	
te a	14	obove, prevent (did) (alid not)	www.fhyl body after deat	h.	DEGREE		12c DATE SIGNED
± :-		Men	ley y	w.	ATTENDING PHYSICIAN L	MEDICAL STAFF	11-21.14
T A		THE PHYSICIAN S NAME (TYPE OR	PRINT)	2 \	220 ADDRESS	30 Comen	IN STREET
MPORTANI		VAJOR	OE GE	R, Mary,	JUVER	3 PRING.	m. 20910
		URIAL, CREMATION, REMOVAL BURIAL	13b. DATE 11/23/82	Old Mt	. Carmel	23d LOCATION CITY OR TOWN	COUNTY STATE
(82	24 FL	INERAL DIRECTOR	Mother		x 7428 13 MA		Kings N. Y.
4/B2	Wa	rner E. Pumpl	nrey, Inc.		r., Md.	1 21 1305	The same

tor, page 3 ofter death

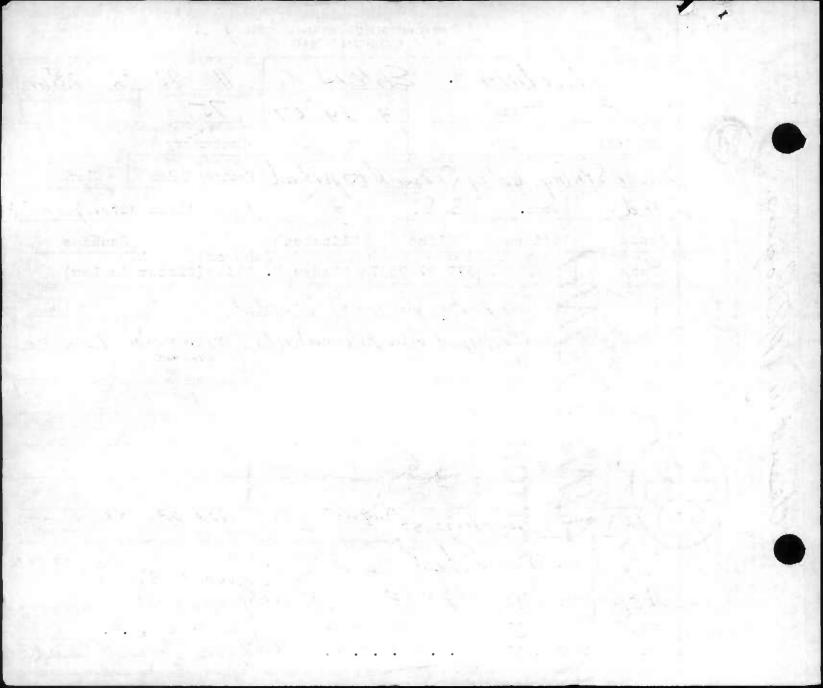
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	50	2	9	0	93	(1)	ود ه
0	0	La	600	1	0	البية	44
		DEC NO					

	FOR STATE REGISTRAR	DEPA	CERTIFICATE OF DEATH REG. NO.						
	I. DECEASED NAME FIRST (TYPE OR PRINT)	IMA F.	Ehle	ps	20 DATE OF DEATH	26 HOUR 250 2am M			
	3. SEX	4 RACE White	5. DATE OF BIR	TH 2 PAY YEAR	6 AGE (IN YEARS LAST BIRT	YRS.		IF UNDER 24 HRS HOURS MIN.	
1	70. BIRTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUNTI USA	RY? 8 MARRIED WIDOWED			R COUNTY OF	F DEATH MD.		
8	Silver SPRING	11. NAME OF HOSPITAL, NUR NAUCH FACILITY GIVE ST		enital	12a USUAL OCCUPATR (TYPE OF WORK FOR MOST OF Western Ur		26. KIND OF NOUSTRY Cle	BUSINESS OR rk	
	That. Mo	NTY nt.	OWN 13d. 1			ftonbr	rook Lane		
1		ison Fli	ng E	other's Maiden Na/	WIDDLE		enkir	ns	
j	160. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SI IVE WAR OR DATES) 577 0			fling(Si		n Lav	w)	
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF		INAL DISEASE OR CONE	SCULAT SEP DITION GIVEN IN		y ears	
	21g, ACCIDENT WAS UNDERLYING					IN CERTIFYING	CAUSES C	OF DEATH?	
	OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE		19 211	LOCATION STREET	RED (ENTER NATURE OF INJUR		COUNTY	STATE	
The state of the s	220.1 certify that (I) (this hosp saw the deceased olive of	or PRINTI	DEGRI	in (my) (our) opinion o	MEDICAL STAF	te and hour and			
	23a. BURIAL, (REMATION, REMOVAL Burial	23b. DATE 2 11/26/82	Rock Cr		Was hing	ton D	C	STATE	
-	24 FUNERAL DIRECTOR Himes/Rinald				V26 1982 AR	SS RIGISTRAR	SSIGNAC	RELIER	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	FOR STATE REGISTRAR			DEPART			F DEATH	GIENE	REG. N	Ø	9) U	O
	CEASED NAME	FIRST		MIDDLE	t	AST		2a. DATI	E OF DEATH	MONTH	DAY YEAR	2b. HO	UR
11111	OKPRINT	Arthu	r	С.	Elg:	in •		Nov	ember	22.	1982	044	5 M
3. SE		1	RACE		5. DATE C			6. AGE	IN YEARS LAST BIR		IF UNDER 1 YE		R 24 HRS
	Male		Cauca	sian	Marc		1906_		76	YRS.	MONTHS DAY		MIN.
	RTHPLACE (STATE	OR FOREIGN 7		WHAT COUNTRY?	14 4 55 15	KI NEV	ER MARRIED	9. BALTI	MORE CITY C	R COUNTY	OF DEATH		
	w York		Unite	d State	SWIDOWE		DIVORCED [M	ontgo	mery	Count	-у,	MD
10 C	ITY OR TOWN OF D	DEATH 1		HOSPITAL, NURSIN		R OTHER I	NSTITUTION		VAL OCCUPAT			OF BUSIN	IESS OR
	ckville			c Valle		sing	Home	Law	ver		Pri	vate	
	AL RESIDENCE (# N	13b. COUNT		GIVE RESIDENCE BEFOR		13d INSID	E CITY LIMITS?	13e STRE	EET ADDRESS	-			
Ma	aryland	Mont	gomery	SilverS	prin	YES X	NO 🗌	338	4 Chi	swick	c Cou	rt	
14. F.A	ATHER'S NAME		IDDLE	LAST		15 MOTH	ER'S MAIDEN N	IAME	MIDDLE			LAST	
A	rthur		G	Elgin		Dia			77110000			pent	er
	VAS DECEASED EV		ED FORCES?	16h. SOCIAL SECL	JRITY NO.	17. INFOR		e	ADDR	ESS			
(No	(IF YES, GIVE	WAN ON DATES!	577-01-	0650	E11e			Samo	20 1	3		
	18 CAUSE OF DE PART I. DEATH Conditions, if of gove rise to	MAS CAUSED IMMEDIATE Ony, which	BY: CAUSE (D)	Time for (0), (b), or ASPIRA RAS, A CONSEQUE DIABE	TION	<u>. f</u>	NEUR	mon			APPR BETWEE	OXIMATE INTE	RVAL
	couse (o), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF DISEASE								6YR				
MEDICAL CERTIFICATION	PART 2. OTHER S			ONTRIBUTING TO					UTOPSY?	20b IF YES	S, WERE FINI	DINGS USE	ATH?
CAL CERTI	21g ACCIDENT WAS OR CONTRIBUTING ((IF EITHER NOTIFY A	CAUSE OF DEAT			AY YEAR	21c HOV	V INJURY OCCU		NO X				
MEDI	22a I certify that	WORK		OF INJURY REE1, FACTORY, OFFICE,	19	54	REET . 19	to _	city OR TO	182	COUNTY	_, that	state (ye) lost
	22h SIGNATURE	(did) (did not	Han	after death.		DEGREE 1220 ADD	ATTENDING PHYSICIAN	MEDIC		FF		TE SIGNED	
		s Wate	rs Th	ompson,		730	24th			Wash	ingto	n D.	С.
73n F	BURIAL CREMATIC	N REMOVAL	73b DATE	1 23c	NAME OF C	EMETERY (OR CREMATORY	7 23d, L	UCATION				

DHMH - 16 50M 4/B2

(VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by

le buriol-tronsit perm nd Mental Hygiene pr

MPORTANT: If Item 21 is marked or Item 18 share

Cremation Nov.23,1982 MetropolitanCrem. Alexandria

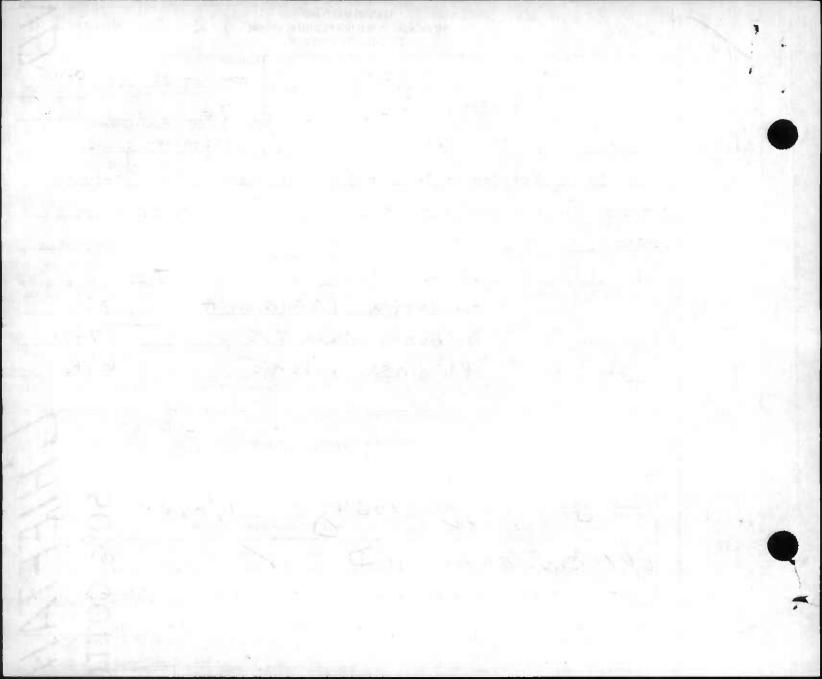
24 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL

NAME
HOMES, P.A., ROCKVILLE, MARYLAND

1750. PATE RECID. BY REGISTRAN BEGISTRAN

1750. PATE RECID. BY REGISTRAN

1750. PATE



FOR

mpletely filled in by the funeral direct and 2 should be filed within 72 hours o

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	2	9	6	Ü	1

'	- STATE REGISTRAR			CERTIF	ICATE OF	DEATH		REG. N	0.				
	ECEASED NAME FIRST		WIDDLE	٤١:	acle	2	2s. DATE	OF DEATH	MONTH	14	82	26. HOL	BAM
3. SE	Female	4 RACE Cauc		5. DATE C	DAY	1908	71		YRS	MONTH		HOURS	24 HRS MIN.
	New York The Citizen of What Country The Citizen of What Country			MARRIEI	MARRIED NEVER MARRIED WIDOWED DIVORCED XX			9. BALTIMORE CITY OR COUNTY OF DEATH Mont CO.					MD.
В	ethesda	SUD	HOSPITAL, NURS CHEACHITY, GIVE STRE OF DOIN	EET ADDRESS)	Spit 9	STITUTION	(TYPE OF WO	L OCCUPATI ORK FOR MOST C Lstere	OF WORKING	LIFE) IN		tire	
130.			13c. CITY OR TO	NWO	YES X	CITY LIMITS?	420	W. Ba	res I	Beac	h Rd		
	ATHER'S NAME FIRST George	MIDDLE W	Barnes		В	etty	AME	MIDDLE		G	urne		
	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	060-24-		Patr:	icia Ge	orge	9350 Manas		WOO		MATE INTE	
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)	or as a consequence of the conse	CUP	dia	II	nfai	retr	m		41	UK S NK	
ATION	PART 2. OTHER SIGNIFICAN Hyperp 190 DATE OF OPERATION	arath		lism	a	nd		pres	206. IF Y	N YES, WE	RE FINDIN	NGS USE	
CAL CERTIFICATION	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF LIFETHER NOTIFY MEDICAL EXAM	DEATH HOUR A	OF INJURY M. MONTH	DAY YEAR	21c. HOW I	NJURY OCCUR	YES T	NO XX		YES [OR PART 2)	NO [
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY IREET, FACTORY, OFFIC	E, FARM ETC)	21f. LOCAT STREE			CITY OF TO	IWN	(COUNTY	5	STATE
1	22a.1 certify that (1) this has sow the deceased alive above (1) (did) (did)	00 11 13	182 10	, or		(our) opinion	, to n death occur	red on the d	ate and h		from the		,
	1226 STRATURE	HB	Per	n	DEGREE	ATTENDING PHYSICIAN	MEDICA DIRECTO	L STA	FF CIAN [11 L	118	2
	RODERT	PE OR PRINT)	lee	mo	22e ADDRE		Wis		w.	Au	e, #	#41	4
23a.	BURIAL, CREMATION, REMOV	AL 236. DATE	23	NAME OF C	EMETERY OR	CREMATORY	23d. LO	CATION					

BP

should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept-of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If them 21 is marked or them 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by the

O HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician. injury, or other traumotic event,

DHMH - 16 50M 4/82 (VRA 15, 4)

Removal 11-14-1982 Geo. Wash. Med. School

11-14-1982 Geo. Wash. Med. School

124 FUNERAL DIRECTOR Columbia Mortuary Services, Inc. 256. DA

225 Missouri Ave. NW Wash., D.C. 20011

Washington, D.C.

NOV 16 1982

POLYMENT TO THE STATE OF THE ST Besides and December of the many to XI and Vision of American england Calve t Potent Poet. 7 . Terms Toron No. Markett Alexand or est alabert the solution Markette and the second of the X CRI SEE THE TOUGHD Removal limitation of the land of the limit

YQ	-	1	
0	X	Car	1
44	ı	VI	12
	1.		1

completely filled in by the full

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

2 9 6

1	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	o		
	CEASED NAME OR PRINT)	Mae		MIDDLE	El	lis	11/1/82	MONTH DAY	YEAR	26. HOUR 387
3. SE.	× F EMALI	4. R	WH.	ITE	5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	RTHPLACE (STATE OF COUNTRY) WASH D	C . 7b.	CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE		9. BALTIMORE CITY O Hout 4	countro		MD.
10.c		na	HO 4	Cross TI	DESSI OSQI	tal	(TYPE OF WORK FOR MOST O SALESWOMA	WORKING LIFE)		SBURGHS
M	ARYLAND	MONTGON		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN SILVER SP	N	136. INSIDE CITY LIMITS? YES MO 🗌	130. STREET ADDRESS 8519 CAR	ROLL A	VENUE	20903
	ATHER'S NAME FIRST ARTHUR	MIDE		ELLIS		15. MOTHER'S MAIDEN NAME ANNIE	WIDDLE		ARI LAS	
	VAS DECEASED EVE YES, NO OR UNKNOWN) NO	R IN U.S. ARMEI		578-03-		MARIE CHANE		SVILLE		NON DRIVE 21754
	Canditions, if any gave rise ta im cause (a), statunderlying caus	mediate ing the e last.	DUE TO, O (6) DUE TO, O	nefter	we /	lear film agraham NOT RELATED TO THE TERM	L DISEASE OF CONT		hou 9 h	u vothe
CERTIFICATION	19a DATE OF OPERA	182				N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V	VERE FINDING CAUSES	
	210. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH	21b. TIME C HOUR A. P.		YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	Y IN ITEM 18 PART	1 OR PART 2)	
MEDICAL	216. INJURY OCCUI	VHILE	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (saw the decea abave /(1)(we)		NO	V . (19_	€ 2 , at	nd that in (aur) opinian	death occurred on the do	19 ite and haur a		that (we) last causes stated
a ci	226. SIGNATURE	to /	12	ul	M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		22c. DATE	SIGNED 2/82
	226. PHYSICIAN'S N		o CH			220. ADDRESS	EDICAL P	ARIC	De	1900

DHMH - 16 50M 4/B2

IMPORTANT: If Hem 21 is

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burnal-transit permit. Then please remove carban paper with the State Dept: of Health and Mental Hygiene prior to burnal, cremation, or remaval marked or Hem 18 shaws any

ATTENDING PHYSICIAN: The

TO HOSPITAL

BP

retained by the haspital ar attending physicia

BURIAL 11/4/82 GLENWOOD CEL FUNERAL DIRECTORFRANCIS J. COLLINS NAME 500 UNIV.BLVD., W., SILVER SPRING, MD. 20901 (VRA 15, 4)

23b. DATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

BURIAL

GLENWOOD CEMETERY 250 DATE RECY

23c. NAME OF CEMETERY OR CREMATORY

WASHINGTON, D. COUNTY

h	
1	
	0
	-
	6
	2 1
	00
	4
	-
	10
	S
	hau
	24
	e e
	3
	ed
	ecu
	0
	e p
	100
	ertit
	4
	deo
	he
	10
	\$ 50
	nire
	rec
	NO .
	The
	Z
	CA
	HYS
	P P
	Z
	N -
	Spit
	DR .
	AL C
	PIT
	HOS
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Fage 4 may be retained by the haspital or attending physician.
	D- 1

		FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE	8 2 REG. NO	ε*. 6.	9 6	0 9
		EASED NAME	FIRST		MIDDLE	ı	AST			HINOM	DAY YEAR	26. HOUR
			1ABE		.S.		= MCH		VOVEMBER	30,	1982	1752 7
En l	3. SEX	EMALE		4. RACE CAUCAS	STAN	S. DATE C	DAY YEAR	6 AG	E (IN YEARS LAST BIRT	HDAY) YRS.	MONTHS DAYS	HOURS MIN.
84	7a. BIR	THPLACE (STATE OR FI DUNTRY) JASHINGTON			WHAT COUNTRY	2 8	NEVER MARRIED		MONTGOM	_	TY OF DEATH	MC
notified a	10. CIT	Y OR TOWN OF DEA		11. NAME OF		NG HOME C	OR OTHER INSTITUTION	1 12a U	ISUAL OCCUPATION OF WORK FOR MOST OF	ON WORKING		OF BUSINESS OR
35	13a. S1	MARY LAND	13b COUN	OTH TY GOMERY	GIVE RESIDENCE BEFO 13c. CITY OR TOV SILVER S	NN	13d. Inside City Limit Yes XX NO		TREET ADDRESS 9316 WA	LDEN	ROAD	20901
1250	14. FA1	GEORGE F		STU	JTZ EAST		15. MOTHER'S MAIDEN		MIDDLE			EY
medical		AS DECEASED EVER S. NO OR UNKNOWN)	N U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO. 4-5710		SON		\$461 ER S		ORCHARD D. 20904
r to burial, cremotion, or rer injury, or other froumatic e	NOI	Conditions, if any, gove rise to imm couse (a), statin underlying couse	which nediate g the last.	(b) DUE TO, C	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE ON TRIBUTING TO	JENCE OF	lowling NOT RELATED TO THE	TERMINAL C	E PO DISEASE OR COND	SED DITION G	2 S	hour
aws ony	CERTIFICATION	9a DATE OF OPERAT	ION	19b. COND	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED		AUTOPSY?	IN CERT	ES, WERE FIND TIFYING CAUSE YES []	
ntal Hyg		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE A	in .	DF INJURY M. MONTH (M.	DAY YEAR	21¢ HOW INJURY OC	CCURRED (NTER NATURE OF INJUR	Y IN ITEM 18	8 PART 1 OR PART 2)	
rked or I	MEDICAL	21d INJURY OCCURE			OF INJURY REET, FACTORY, OFFICE	FARM, ETC)	211. LOCATION STREET		CITY OR TOV	WN	COUNTY	STATE
of Health		22a. I certify that (I) saw the decease above, (I) (was) (a	d olive on.	Nov	. 30 19	De.	nd that in (my) (our) api	79, to	occurred on the do	30 ite and ha	our and from the	, that (I) (we) last e couses stated
e State Dept.		226. SIGNATURE	ed :	PM:	Can	n		NG MEI	DICAL STAF		12. DATI	-1-82
with the State		HARU	ME (TYPE O	F. M	r. CA.	NN	3355-16	bth.	A.N.W.	WO	15 H.D.C	2. 2001
≤	23a. BI	URIAL, CREMATION,		23b. DATE			EMETERY OR CREMATO		LOCATION CITY OF TOWN	INGTO	ON, O. C	STATE
OM 4/B2	24 FU	BURIAL NERAL DIRECTOR 1	DANCE	C T C			D. 20901 250		D. BY REGISTRAR - 1982			

DHMH - 16 50M 4/B (VRA 15, 4)

BP.

true Desert waste human to feel and The state of the s Show the water was to the same of the same the state of the s

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

	1-	FOR STATE		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYC FICATE OF DEATH	GIENE 8 2	296	0 1 0
	1.05	REGISTRAR				REG. NO		
		CEASED NAME FIRST	R V		EPSTE	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR 40
1	3 SEX	1.	N.	5. DATE O	DE BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER 24 HRS
	2 02,	FEMALE	WHITE	MONTH	H DAY YEAR	81	MONINS DATS	HOURS MIN.
1	7a. BII	RTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8			R COUNTY OF DEATH	1 1
	COUNTRY)		U.S.A	A. MARRIE	d NEVER MARRIED TY ED DIVORCED TY	MONTGO	MERY	MD
2		TY OR TOWN OF DEATH SELVER SPRING	(IF NOT IN SUCH FACIL	TY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION NURSING HME	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O RATIRED—	ON F WORKING LIFE) 126. KIND C INDUSTRY SALES CL	OTHING
10	13a. S	STATE 136 COU	NTY 13c. C	SIDENCE BEFORE ADMISSION) ITY OR TOWN SSPG.	13d. INSIDE CITY LIMITS?	136 STREET ADDRESS 11602 FI	LLMORE DR.	
	14 FA	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME		
		MORRIS		DRWITZ	ÜNKNO	WN		NOWN
		VAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES, GI NON E	E WAR OR DATES)	OCIAL SECURITY NO. 79-09-885	MRS. SALL			LMORE DR
	CERTIFICATION	PART 2 OTHER SIGNIFICANT CHRONIC OR 19a DATE OF OPERATION	CONDITIONS CONTRI	BUTING TO DEATH BUT	NDROME; 5	AIN AL DISEASE OR CONI	DITION GIVEN IN PART TO	AZOTEMA NGS USED
4	TIFIC					YES NO	IN CERTIFYING CAUSES	NO [
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	3111	JRY MONTH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN.	TURY CTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WH COUNTY	STATE
ì		220.1 certify that (1) this hasp saw the deceased alive ar abave, (1) we did did no			nd the in my) (aur) apinion	death accurred on the do	19 19 1 ite and have and from the	tho (1) we) last causes stated
		226. SIGNATURE	Stayel		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	22c. DATE	SIGNED
		MARTIN C	SHARG	EL	22e ADDRESS 375	LO FARR	AGUT AND 2089	5
	(BURIAL, CREMATION, REMOVAL SPECIETY BURIAL	236 DATE 11-10-8				01101001-1	A . STATE
	24 FL			E AD P.K. ROC MORIAL CH	TITLE TITLE	V 1 2 1982	25th REGISTRAR'S SIGNA	week

SELLINE MEEK CANCELL SELT LOWER LEG S MENTING FERMERICAL ACTEMBED INSURFICIONS STREET CHANGE ENGLAND SHARE SHORE SENSONS STANDED SHOWED E.M. Dynes . June 3710 FARRESUT AVE

KENCHEROW ME SERVE

MARKE S ATTHEM

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH

8 2	2	9	6	1	
PEG NO	(Cirm		0	- 1	

J	REGISTRAR		CERTIFICA	IE OF DEATH	REG. NO.	
l	1. DECEASED NAME (TYPE OR PRINT) 13 AA	anch &	FAR	son	20 DATE OF DEATH MONTH	9 8 2 3:05 p.
	Fe MA /A	1. RACE AULASIN	5. DATE OF BIR MONTH Dec.	TH SPOL	6. AGE (INYEARS LAST BIRTHDAY) 77 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Penn.	76. CITIZEN OF WHAT COUNTS	MARRIED WIDOWED	NEVER MARRIED	Montgomery	Y OF DEATH MD.
1	Gaithersburg	11. NAME OF HOSPITAL, NUR HENOT IN SUCH FACILITY, GIVE STE 1180n Health	Care Cent		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI HOUSEWife	126. KIND OF BUSINESS OR
1	130. STATE D.C.	ROTHER INSTITUTION, GIVE RESIDENCE BE NTY 13c. CITY OR TO Washing	gton YE	INSIDE CITY LIMITS?	13. STREET ADDRESS 4100 W St. N.W	. (20007)
	14. FATHER'S NAME Edward	Eddov	res	Mary	MIDDLE	Noble
	160. WAS DECEASED EVER IN U.S. AI (YES. NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SE IVE WAR OR DATES) 183-20		NFORMANT Villiam J. 1	Farson Washingt	t., N.W. on. D.C.20007
		DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	DUENCE OF			S, WERE FINDINGS USED
	saw the deceased alive of	HOUR A.M. MONTH P.M. The PLACE OF INJUSTY AT HOME, STREET, FACTORS OFFE Jack ottended the deceased from Only view the body offer Ideath.	CE FAIM ETC.) Ond the DEGR	LOCATION STREET 19 80 It in (my)/four) opinion		COUNTY STATE
1	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	11/20/182	Lee's Cre	ery or crematory	Vashington,	D.C. STATE

316 Diamond Ave., Gaithersburg, Md.20877

DHMH - 16 50M 4/82 (VRA 15, 4) Gartner Sandison F.H.

BP.

TO FUNERAL DIRECTOR.
Hould be detached for us
with the State Dept. of the
MPORTANT. If Item 21 is.

The state of the s And the second of the second o

	100		
0	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires th, the death certificate be executed within 24 hours ofter death. Page retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral iterativated for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hardwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.	B
	ofter 6	y the fled wit	Chiled .
2 2 2 2	24 hours	lled in b	Ma por
ARTEA	within	d 2 sho	amine T
OKE, M	xecuted	ges 1 on	dicol en
AFILM	te be e	sicion or pers. Pod al.	the me
	certifico	rbanpal r remav	ic event
	e death	andre ca	troumot
	th. + th	d by the lease re- iol, crem	or other
OKUS, A	requires	en signe Then p or to bur	rinjury.
AL NEC	he low	thos be	lows on
	CIAN: 1	al-trans al-trans	18 sh
DIVISION OF VITAL RECORDS, 201 W. FRESTON ST., BALLIMORE, MARIETANO 2.1301	3 PHYSI ttending	the buri	ted or It
5	ENDING	OR. After r use as Health	is mark
	TO HOSPITAL OR ATTENDING PHYSICIAN: The Iretoined by the hospital or ottending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please cemave carbonpaper with the State Dept. of Health and Mental Hygiene prior to burial, aremanion, or remaval.	IMPORTANT. If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examine must be onlined if the
	SPITAL d by th	NERAL be deto	TANT
	TO HO	should with th	IMPOR

STATE OF MARYLAND

1	STATE REGISTRAR		DEPARTA		FICATE OF DEATH	REG. N	0.	7 0	1 0	
	CEASED NAME FIRST E OR PRINT) KAT		NNY	FERRIS		nov. 15,1982		AY YEAR	3:06pm	
3. SE	Х	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS	
	Female	White	e	"No	5v. 15,1982°		YRS	ONTHS DAYS	HOURS 5IN.	
В	IRTHPLACE (STATE OR FOREIGN COUNTRY) TakomaPk. M		WHAT COUNTRY?	Y? 8 MARRIED NEVER MARRIED X		9. BALTIMORE CITY O		OF DEATH	MD	
	Takoma Park	NAME OF I (IF NOT IN SUC Wash:	ington Ad	venti	OR OTHER INSTITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST (126 KIND O	F BUSINESS OR	
		PG	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Riverda	N	13d Inside City Limits?	13e STREET ADDRESS 5309 Rive	erdale	Rd. #2	16	
14 F	ATHER'S NAME	WIDDIE	LAST		15 MOTHER'S MAIDEN NAM	VE WIDDIE		LAS		
	Marvin	Eugene	Ferris		Kathryn	Bunny	Mo	oon	3	
	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YE	S. ARMED FORCES? S. GIVE WAR OR DATES) N/A	N/A	RITY NO.	17 INFORMANT	ADDR	ESS			
NO	Conditions, if ony, which gove rise to immediate cause to, stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D			NCE OF	E OF			ION GIVEN IN PART I 10		
CERTIFICATION	19a DATE OF OPERATION 11-15-82			OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY YES			
MEDICAL CE	OR CONTRIBUTING CAUSE C	210. ACCIDENT WAS UNDERLYING			211. HOW INJURY OCCURR N/A 211. LOCATION STREET N/A	ED (ENTER NATURE OF INJU		COUNTY	STATE	
	220.1 certify that (1) (this h	e an	e deceased fram		nd that in (my) (our) opinion d	, to leath accurred on the d			that (I) (we) lost	
	obove, (I) (we) (gld) (did not) view the body after death. 22b. SIGNATURE M. M.				DEGREE ATTENDING ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22c. DATE :	SIGNED 18-82	
	Arshad She			1	7676 New Hamp		gley P	ark, M	D	
23a	BURIAL, CREMATION, REMO	VAL 23b DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE	
	Remova1	11-15-	-82 Wa	ashin	gton Adventist		roll A			

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR
Herbert Shiroma

7600 Carroll Ave. T.P. MD



DHMH - 16 50M 1/81 (VRA 15, 4)

		FOR STATE REGISTRAR		MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N		9 6	-	4
		CEASED NAME FIRST OR PRINT) MARVIN	FUGENE		FERRIS	Nov. 15,		YE AR	3:30	
	3. SE		4 RACE	5 DATE		6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 2	- M
		Male	White	No	v. 15,1982°		YRS	ONTHS DATS	HOURS	^M 5
	Je Bi	RTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED XX	9 BALTIMORE CITY O		OF DEATH		
-		Maryland ITY OR TOWN OF DEATH	U.S.	WIDOW		Mont.				MD.
	Ta	akoma Park	11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET Washington Adv	address) entis		120 USUAL OCCUPATION OF THE STREET OF WORK FOR MOST OF NORTH A		12b. KIND OI INDUSTRY	A A	SSOR
5	130. S	MD MD	THE INSTITUTION GIVE RESIDENCE BEFOR 130. CITY OR TOWN RIVERS	/N	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 5309 Rive	rdale	Road #	216	
0		Marvin	MIDDLE LAST Eugene Ferri	.s	15 MOTHER'S MAIDEN NAM	Bunny	Мо	on LAST		
7	160 V	VAS DECEASED EVER IN U.S. AR/ (ES, NO OR UNKNOWN) (IF YES, GIVE N/A	MED FORCES? 16b. SOCIAL SECUNDATES) N/A	JRITY NO.	17 INFORMANT	ADDRE	SS			
	NO	Canditians, if ony, which gove rise to immediate cause (o), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO	ence of		aliant NAL DISEASE OR CONF	DITION GIVER	N IN PART 100		
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY!	WERE FINDIN	OF DEATH	1?
	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR		YES	Second .	NO 🗌	
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE F	ARM ETC)	214 LOCATION STREET N/A	CITY OR TO	WN	COUNTY	STA	ATE
		22e.1 certify that (1) (this hospith sow the deceosed olive on obove, (1) (we) (did) (did will 22b. SIGNATURE	al) attended the deceased from 19	. 01	A	, ta eoth accurred an the do MEDICAL STAF SPIRECTOR ☐ PHYSIC	F	22c DATES		ed
		Arshad Sheikh			7676 New Hamp		gley Pa	ark, md		
	23e B	urial, cremation, removal specif Removal	11-15-82 23c N	washi	emetery or crematory, ngton Adventis	t 7676 Car	croll A	√ĕ. T.	P. M	D

7600 Carroll Ave. Takoma Park, CMD 1982 24 FUNERAL DIRECTOR Herbert Shiroma

Lenville School 1000

	- 4	Æ.		
A	J.	- 2		
	Κ.	1		
	-			
	-	•		
		-	٠.	

STATE OF MARYLAND

1	STATE REGISTRAR			DEPARTA		ICATE O	F DEATH	HYGIE		REG. NO	din	4	0	1	2
	CEASED NAME	FIRST		MIDDLE		AST			2a DATE OF DI	EATH N	ONTH	DAY	YE AR	2b. HOUF	R05
1		ORET	ro	M	FITZG	ERALD		- 1			11	14	82	10	DM
3. SE			4 RACE		5. DATE C			6	AGE IN YEAR	S LAST BIRTH	DAY)		RIYEAR	IF UNDER 2	24 HRS
	FEMALE		WHIT	E	Jun		189	8	84		YRS	MONTHS	DAYS	HOURS	MIN.
	IRTHPLACE (STATE OR	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8				BALTIMORE	CITY OR		Y OF DE	ATH		
	ashington]	D.C.	U.S.	A -	WIDOWE		R MARRIED DIVORCED		MONTG	MER	V 10	TALL	N		MD.
	ITY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSIN	G HOME C				120 USUAL OC	CUPATIO	N			BUSINES	-
B	ETHESDA		SUBURI	3AN HOSP	ITAL				Clerk		WORKING LI	FEI IND	J.S. 1	Post	Off
130.	AL RESIDENCE (IF NURS STATE	13b COUN		13c CITY OR TOW Bethesd	N	13d. INSIDI	E CITY LIMIT	5? 1	3. STREET AD	DRESS	rn R	d			
	aryland	MOTIC	Romera	Declieso	a		NO []			aybu	TII II	u.			
	Clement	A	WIDDLE	Fitzgera	ld		illie	1111111		AIDDLE		1	Mohlasi	er	
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFOR	MANT D	aug	hter	ADDRES	s S	ame	as		
	No	N/	E WAR OR DATES)	577 58 5	701	Jean	n M. F	itz	gerald			#13	3		
NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)								yer						
CERTIFICATION	190. DATE OF OPERAT	TION	196 COND	TION FOR WHICH	OPERATIO	N WAS PER	FORMED		20a AUTOPS			FYING (E FINDING CAUSES (GS USED OF DEATH	H?
MEDICAL CE	21g. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING COURT 21d. INJURY OCCURE AT WORK NOTIFY THAT WOR AT WORK AT WORK AT WORK 22g. I certify that (I) sow the decease obave, (I) (we) (c) 22b. SIGNATURE 22d. PHYSTAN S.N.	AUSE OF DEA	21e. PLACE IAT HOME STE tol) attended th	M. MONTH DA M. OF INJURY REET FACTORY, OFFICE F. deceosed from 19	ARM, ETC)	211 LOCA STR	TION THE TION	nian de	, to	the date	e and have	co 19 £ ur and ti	UNIY	nat (1) (w	
	BURIAL, CREMATION, (SPECIFY) BURIAL	REMOVAL	236. DATE Nov. 17				er CREMATO	DRY	23d LOCATIO		ngto	n°V:	irgi	nia sī	ATE

2222 Wisconsin Ave.

Washington D.C.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

should be detached for use on the burial transformer. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumatic event. th

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any

Devol Funeral Home

TOTAL CONTRACT TOTAL TOTAL CO.

The Armster of the Control of the Co

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeri should be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages I and 2 should be filed within 7, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval IMPORTANI. If them 21 is marked at Item 18 shaws any injury, or other traumatic event, the medical examiner misst be positived at a

STATE OF MARYLAND

1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 2 2 9 5

CERTIFICATE OF DEATH

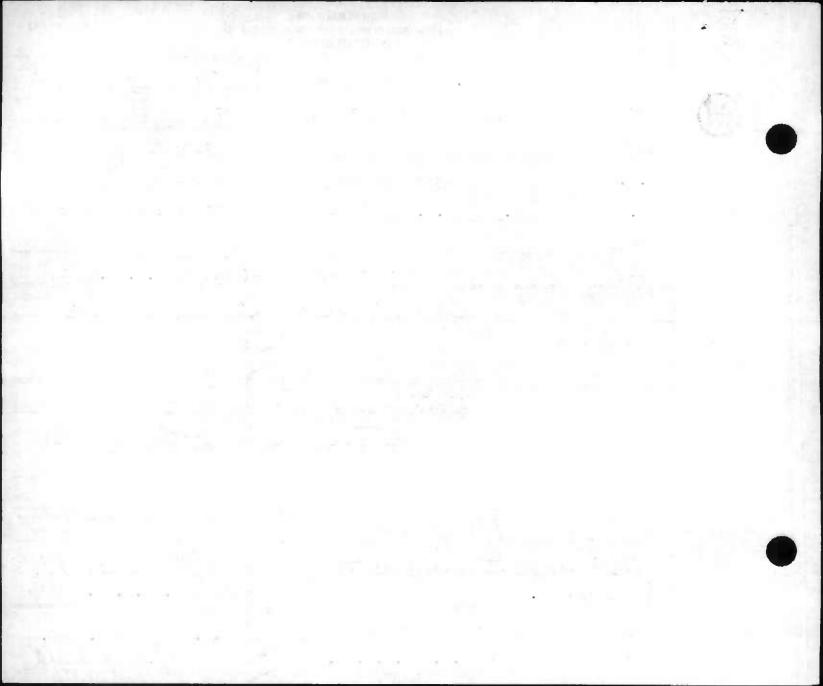
REG. NO.

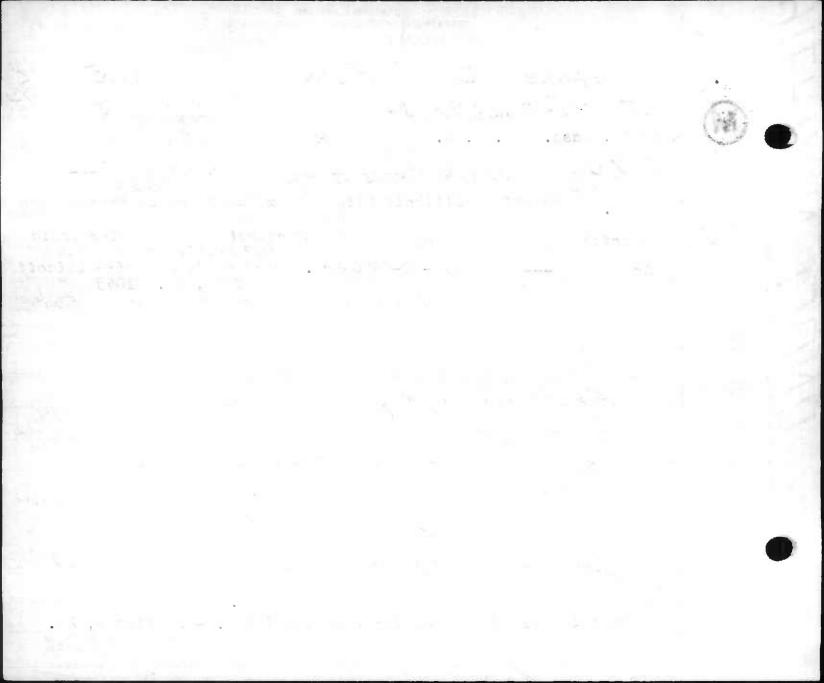
	REGISTRAR				CERTIF	ICATE OF DEAT	Н	REG. NO).			
	CEASED NAME OR PRINT)	FIRS1	,	MIDDLE		LAST				DAY YEAR	2b. HOUR	_
11116		ar1		М.	F1e	tcher		mon	- 5	782	-7A	M
3. SE.	X	-	4. RACE		5. DATE (OF BIRTH		6 AGE (IN YEARS LAST BIRT		IF UNDER I YEAR		-
F	emale		White		Apr	il 21,19	0 5	77	YRS	MONTHS DAYS	HOURS MIN	
	RTHPLACE (STATE OR FOR	reign	76 CITIZEN OF	WHAT COUNTRY?	В	D NEVER MARRIE		9 BALTIMORE CITY O		OF DEATH		_
	aryland		USA		WIDOW			Montgom	ery		,	MD
10 C	TY OR TOWN OF DEAT	гн	11. NAME OF H	HOSPITAL, NURSIN		OR OTHER INSTITUTIO		120 USUAL OCCUPATI-	ON	12b. KIND (OF BUSINESS C	-
	S.S.		0044	Eastern		nue		Housewi		INDUSTRI	r	
USU.	AL RESIDENCE (IF NURSIF	NG HOME OR		GIVE RESIDENCE BEFORE		1 13d INSIDE CITY LIA	AITS2	13e STREET ADDRESS				
	Md.		nt.	S.S.		YES X NO		8011 Eas	sterr	a Aven	iue	
14 F	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIL	DEN NAM					
	James	,	F	ranklin		Anna		WIDDLE			e b b	
16a V	VAS DECEASED EVER I	NU.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	8009	Easter	5\Aver	nue		
	None	(IF TES, GIVE	WAR OR DATES)	578 01	354	1 Mary W	olfe	(Sister)	S.S.	Md.20	910	
	18 CAUSE OF DEATH	(Enter on	ly one cause per	fine formal, (b), and	d (c)					APPRO BETWEEN	XIMATE INTERVAL	н
	PART I. DEATH WA	AS CAUSE	D BY: E CAUSE (a)	Can		- an	n en	1		1	h.	
	4270			r as a conseque								
	Conditions, if any,	Conditions, if any, which (1b)										
	gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF											
	underlying cause lost											
	PART 2. OTHER SIGN	IFIC ANT C	ONDITIONS CO	ONTRIBUTING JO D	EATH BUT	NOT RELATED TO TH	HE TERMIN	NAL DISEASE OR CONI	DITION GIV	EN IN PART 1	(a)	_
CERTIFICATION				arter	200	elevos	N					
CAT	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?		S, WERE FIND		
TIF								YES NO	-	ES 🗍	NO [
CER	210. ACCIDENT WAS UNDE		21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 P	PART 1 OR PART 2)		
CAL	OR CONTRIBUTING C		P.		19							
MEDICAL	21d INJURY OCCURR		21e. PLACE	OF INJURY	DAA EYC \	211 LOCATION		CITY OR TOW	(2	COUNTY	STATE	
Σ	WHILE NOT WH	K	(AT HOME, STR	EET, FACTORY, OFFICE, F	ikm, etc.)			Ciroxio		000,111	317412	
	220.1 certify that (1) (this hospi	tal) ottended the				60	to_9 h	a-		that (I) (we) lo	ast
	sow the deceased abave, (1) (we) (di	d alive on	t) view the bady	after death.	22.0	nd that in (my) (our) o	apinian de	eath occurred on the do	ite and hav	ir and from the	e causes stated	
	226. SIGNATURE	1		0		DEGREE				22c. DAT	E SIGNED	
	Will	ras	m D	Cind	m	2 ATTENE	DING CIAN 🗳	MEDICAL STAF		11/	1918	-
	22d. PHYSICIAN'S NA	ME (TYPE O	R PRINT)			22e ADDRESS				1	//0	
	Willia	m D.	Aud			9006 C	oles	sville Rd	. S.	S.Md.	20910	
23a. E	BURIAL, CREMATION, R	EMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMA	ATORY	23d LOCATION		COUNTY	STATE	
	Buria1		11/11	/82 Co	lesv	ille Cem	etar		7	Van+	MA	
24 F	UNERAL DIRECTOR		1			12	So DATE	REC D. BY REGISTRAR	25h REGIST	-		
H	ines/Rina	ldi	11800	N. H. Ave	.S.S	.Md.	YUM	9 1982	Jole.	2.0	about 4	

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

retained by the haspital or attending physician.





within 24 hours ofter death. Page

STATE OF MARYLAND

53	2	()	0	6		- 52
U	King	60	7	U	8	U

1-	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	, 0 1 0
1. DEC	BOROTHY	E.	FRAZIER	20. DATE OF DEATH MONTH D	7 82 5 5 P.
3. SE	Female	White	5. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 MR.
	COUNTRY) E	CITIZEN OF WHAT COUNTRY?	MARRIED MEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
	Maryland		WIDOWED DIVORCED	Montgomer	
BB	sethespla	NAME OF HOSPITAL, NURSING LIFNOT IN SUCH FACILITY, GIVE STREET AD SUCH FACILITY AND HERE	DRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE)	128. KIND OF BUSINESS OF INDUSTRY home
130. S			a YES NO [13e. STREET ADDRESS 9495 McArthu	Blvd. 2081
0		Albert Brooks	Mary Mary	Katherine	Eglin .
	WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN (IF YES GIVE W			Frazier same as 1	3 e
NOI	Conditions, if ony, which gave rise to immediate cause (a), stoling the underlying cause lost. PART 2 OTHER SIGNIFICANT COI	DUE TO, OR AS A CONSEQUEN (c) NOT THE TOP OF THE TOP	ICE OF STATE BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 10
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216, TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18. PA	RT 1 OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAR		CITY OR TOWN	COUNTY STATE
	22a.1 certify that (1) (this hospital sow the deceased alive an above, (1) (we) (did) (did not) v	ottended the deceased from 19 8	, 19, ond that in (my) (our) opinion	deoth accurred on the date and hour	9, that (I) (we) and from the causes stated
	Donald	Q Ekmou	DEGREE M.D ATTENDING PHYSICIAN		11/27/82
	DONALD (EHMAN		evy ChASEDR	UN Chas
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		me of cemetery or crematory arklawn Memorial I	Park Rockville, I	Marvland STATE
24 FI		heeler Funeral H ke Rockville, Ma		TE REC'D. BY REGISTRAR 256. REGISTR	

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages I and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

(VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

ENACHER STELL STEL PHONE Medical Commence of the second control of th x car and it is the Congress of the second second

20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Can	7	0	. 1
 NIO			

1	FC					1	DEPART	MENT C	F HEALT	H AND M	NENTAL H	YGIEN	1		2	9	6		9
1	- ST RE	ATE GISTRAR				ME	DICAL	EXAM	INER'S	CERTIFI	CATEO	F DEAT	TH T	REG	. NO.				
		ASED NAM	\E	FIRST			MIDDLE			LAST		. 2	DATE	KNOWN	1 X N	HINON	DAY	YEAR	2h HOUR
1 "	Tre C	K P K II V I J		George	e		Wo	cthin	gton	Freder	nburg,	Jr.	OF DEATH	ESTI- MATED			11 1	982	
3. S	EX		4. RAC			OF BIRTH	YEAR	6 AGE (N YEARS IF U	NDER 1 YR.	IF UNDER	24 HRS. 2	c DATE		M	HINO	DAY	YEAR	24 HOUR
	Ma.	le	Wh	ite	Nov.		1937	44	YRS,	THS DAYS	HOURS	MIN. P	RONOU			11	11 1	1982	P
		HPLACE (76 CITIZ	EN OF WI	HAT COU	NTRY?	8. MAPI	ZIED PAN	EVER MARRI	ED 9	BALTIN	ORE CIT	YORC	COUNT	Y OF DE	EATH	
		ssach		ts	U.S	S.A.				WED 🗌	DIVORC		Mor	tgom	ery	Cou	unty		MD
10.	CITY	OR TOWN	OF DE	ATH				JRSING HO	OME, OR OT	HER INSTITU	UTION	12a USUA	AL OCCU			WORK		ID OF BUS	
		nevy (1-49	95 ea:	st of	Rt.	185			Con	sult	ant				sult	
	STA			rsing home of 13b. COUN Mont	ITY		13c. CIT	Y OR TOW	N	136. INSIDE	CITY LIMITS?	13e. STREI 891	t ADDRI	ss nnec	ctic	ut	Aver	nue	
14		FIRST Georg			MIDDLE W.		Fre	edenb	urg		ER'S MAIDE FIRST len	NNAME	A	AIDOLE			Too	omey	
160	WA	-	D EVER	IN U.S. AR			16b. SO	CIAL SECU	IRITY NO.	17. INFOR	MANT			ADDR	ESS				
L		No.	OWN	(IF YES, GIVE	WAR OR DAT	(E2)	01	5-30-	7557	JoAn	n P. F	rede	nburg	z-Add	ires	s s	ame	as #	月3.
	I	B. CAUSE	OF DE AT	H (Enter an	ly ane cau	se per line	far (a), (k	o), and (c).)										PROXIMATE	INTERVAL AND DEATH
		PARTID	EATH W	AS CAUSE	D BY: TE CAUSE	(a)	Multi	ple	Injuri	es							DET INC	ETTOTISET	AND DEATH
		81	21	9	(DI	UE TO, OR	AS A CO	NSEQUEN	CE OF										
1				immediate		(b)		_											
		cause (c		the <u>under</u> -) DI	UE TO, OR	AS A CO	NSEQUEN	CE OF								1 3		
						(c)													
1,		ART 2 OTHER !	SIGNIFICAN	T CONDITIONS	CONTRIBUTII	NG TO DEATH	BUT NOT REL	ATEO TO THE	TERMINAL DISEA	SE OR CONDITI	ON GIVEN IN PAI	RT 1 (a)					119		14.17
MEDICAL CERTIFICATION	-	90. DATE O	E ODED	MON	1.7	N CONDI	1011505	WUICH O	PERATION	VAC DEDEC	DAAFD2						Inc	IT O D C V O	
NO.	1	NI. DATE O	r OPER/	KIION	1,	B. CONDI	HONFOR	WHICH O	PERATION	VAS PERFO	KMED?							UTOPSY?	
- 5	2	Ia EXTERN	AI CAII	SEWAS	121	IB TIME OF	INJ II IDV		T 21. 1	OW INITID	Y OCCURRE	D . CAUTED AL	TUDE OF IN	1110 / 14 1 175	. 100.00	1.00.010		ES XX	но 🗌
2	Ú	NDERLYIN	G XX	OR	ŀ	HOUR AN	. MONTH	DAY Y	EAR									1.	
1 2	2	ONTRIBUT	ING []	CAUSE OF	DEATH 1	2:15 P.M	DE INJUR	Y (AT HOM	82 ar	IVER	in aut	o/Tra	ector	Tra	ille	rıı	npac	; T	
ME			TON		X	STREET, FAC	TORY, FARM,	ETC.]		STREET			CITY OR TO		0	cou			STATE
	1	T WORK	ATW	ORK ORK		Н	ighwa	ay		495 e	ast of	RT.	185,	unev	/y C	nase	_		
		220 I cer	lify that	l taak charg	ge of the r	emains des			in Auta	psy XX	Inspection	ъ Ц.	Inquiry	Ш.	and in	my ap	inian	Co.,	Ma.
		death resul	ted fram	Matur	ral causes	4	Accident	XXI,	Suicide	, Ham	icide .	Undeter	mined m	anner _					
		CTUAL	1	10	10	11	tree	Who	7/1/		SPECIFY)	,				DATE		1 10	
-		IGNATURE	#/ V	en	ung	1	mu	7111	/my	M.D. AS	sistan	MEDIC	CALEXAM	AINER		SIGNE	0	1-12	-82
	(1	XAMINER'S	INT)					M.D.		_ADDRESS_		l Per		reet	r				
	Bu	rial			11-1	5-82	Pa	rklaw	n Mem		ırk		ckvi	lle,					ATE
24.	FUN	ERAL DIRE	CTOR	Jos. G	awle	r S ADDRESS	ons,	Inc.		0 0	250. DATE F	REC'D. BY F	REGISTRA	R 25b. R					
15	13	O Wis	con	sin Av	venue	, N.V	Wa	sning	ton,	J.C.	NUV 3	0 79	52	200	Prote Land	the (Adres	che	

and the state of t . I as a complete the second of the second o

the product of the same of the

2
MARYLAND 2
_
Z
d
-
_
>-
OC.
1
-
5
46.
14.7
000
0
0
~
«
LTIMORE
=
44
60
-
-
ST
-
~
0
-
RESTO
PRES
-
EE.
٥.
-
5
-
0
2
20
,2
5,2
5,2
5,2
5,2
5,2
5,2
CORDS, 2
RECORDS, 2
VITAL RECORDS, 2
VITAL RECORDS, 2
VITAL RECORDS, 2
VITAL RECORDS, 2
VITAL RECORDS, 2
CORDS, 2
N OF VITAL RECORDS, 2
N OF VITAL RECORDS, 2
N OF VITAL RECORDS, 2
N OF VITAL RECORDS, 2
N OF VITAL RECORDS, 2
N OF VITAL RECORDS, 2
N OF VITAL RECORDS, 2
N OF VITAL RECORDS, 2
N OF VITAL RECORDS, 2
N OF VITAL RECORDS, 2

1	1	1	
0	1	-1	
0		*	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME FIRST Edwin 20 DATE OF DEATH Frederick 26 HOUR Louis (TYPE OR PRINT) EDWIN FREDERICK LDUIS 3 SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDED 24 MPS MONTH YEAR Male White 17 91 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Montgomery County WIDOWED DIVORCED IB. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CAITHERS BURG MOTASBURY VILLAGE - WILSOW HEAVIN CASE CENTER School Teacher
USUAL RESIDENCE (IF NURSINGHOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
138. STATE
138. COUNTY
138. COUNTY
138. COUNTY
139. COUNTY
1 Retired 1436 COUNTY Md. 21228 Balto.. 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Rolling Road Baltimore Catonsville NO × 109 N 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Caroline Louis Charles Frederick Egner MAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT 403 Russell Ave Apt 302 IYES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) Wild Gaithersburg, Md. 214-40-4672 Baver VES APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE orebora Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK 22a.1 certify that (1) this haspital) attended the deceased from. saw the deceased olive on above (I) will (did) and lew the bady after death and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated 77s. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF MD 22e ADDRESS 230 BURIAL CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY (SPECIFY) 11/16/82 Baltimore Md Burial Loudon Park Cemetery BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Witzke, P.A.

DHMH - 16 50M 1/BI (VRA 15, 4)

pled

of C

8

50

prior to

os the burial-transit per th and Mental Hygiene

Dept.

should be deta

MPORTANI

1630 Edmondson Ave Catonsville. Md. 21228

FUNERAL

CATE OF THE PROPERTY OF THE PR energy of the Committee of the second of the Committee of The state of the s A STATE OF THE SECOND S 2312

	-	,
	Z	
10	1	
7		

nding physicion and completely filled in by the fur corbanpapers. Pages 1 and 2 should be filed with

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

13	2	9	6	2		
line	(in			,		
250 11	^					

1 -	FOR STATE REGISTRAR			DEPART		HEALTH AND MENTAL HYG		REG. NO.	90	4
	CEASED NAME	FIRST	A	MIDDLE		LAST	20. DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
(TYPE	Cha	arles	As	hmead	Fulle	r	Novem	ber 12,	1982	1:20 A M
3. SE	X		4. RACE		5. DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	
1	Male	100	White	9	Oct			88 YRS		HOURS MIN.
70. B	RTHPLACE (STATE OR	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE	CITY OR COUN		
1	Washington	,D.C.	U.S.A	1.	WIDOWE			Montgom	ery	MD.
	ITY OR TOWN OF DEA Bethesda		Carrie	HEACHITY, GIVE STREET	Nursi	or other institution ing Home		CUPATION R MOST OF WORKING Banke:	LIFE) INDUSTRY	OF BUSINESS OR
130. S Wa	AL RESIDENCE (IF NURSE TATE 2008 ShingtonDC	136/COUN	OTHER INSTITUTION, TY	GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO .	130. STREET ADD	woodley	Road, N	1.W.
14. FA	Thomas		AIDDLE AMES	Fuller		Elizabet		IDDLE	Schae	ffer
16a. V	VAS DECEASED EVER		MED FORCES?	578-07-1		Marilynn Ful	ler-5415	Conn.A	ve.,N.W.	-Wash,DC
	18. CAUSE OF DEAT PART I. DEATH W 4 860 Conditions, if ony, gove rise to improve the i	which nediote g the	DUE TO, OI	M	SUCE OF	umonia.	Arest			
NOI	PART 2. OTHER SIGN	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM				
CERTIFICATION	190 DATE OF OPERA	NON	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	IN CER	YES, WERE FINDI TIFYING CAUSE: YES	
MEDICAL CEI	218. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI	AUSE OF DEA	21b. TIME O HOUR A./	M. MONTH D	AY YEAR	216. HOW INJURY OCCURE	RED (ENTER NATURE	OF INJURY IN ITEM 1	8 PART 1 OR PART 2)	
MEDI	21d. INJURY OCCUR!	OF	210. PLACE (OF INJURY SEET, FACTORY, OFFICE	FARM, ETC)	21f. LOCATION STREET	C	ITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) saw the deceose obove, (1) (we) (c	d alive on.	// -	6 19 8	32	nd that in (my) (aur) opinion	death accurred o	n the date and h	our and fram the	
	226. SIGNAGE	74	plan	my	m	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	77c. DATE	12-82
	22d. PHYSICIAN'S NA Chris		r Unger	M.D.		8218 Wiscons	in Ave.,	Suite 2	08,Bethe	esda,MD.
	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATIC		COUNTY	STATE
C	remation		11-13	-02 Ced	lar Hi	.11 Crematory	Suit	land. M		

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this ned by the hospital or

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to b MPORTANT: If hem 21 is marked or hem 18 shaws

74 FUNERAL DIRECTOR Jos. Gawler's Sons, Inc. 5130 Wisconsin Avenue, N.W.-Washington, D.C. (VRA 15, 4)

NOV 19 1982 - 2 Comi

The Property of the Control of the C

Sovenium 12.5512 (120.5)		milifi kee		
	E albaz , ca	.000	edin U.S., D. J., L., L., L., L., L., L., L., L., L., L	elec
	B. Share L.	x	.o.	G, noturbles
and the residence and party			els	
All the slage posts of the		. 3 . 1 . (1811)	Spell (tree	all Contractions
MONTH OF THE		nelilat	nomal.	annoci.
91,863 vc., man Fift-so	Mrs envious	0691-55-57		2.0
	and successful to the state of			
	•			
x				
Tanana Tanana		ON LUN	sel orbi	2777
. Mi, almoster, N.S. attin, . ove Al	mmorti 865	1.11	·Trutte - Africa	Christo
heefymas heefele	NORTH THE PARTY OF	ALM reserving	-11-0	no Avenori

Fig. 1 techniques, in . - makington, D.C. . valve

	D.
	8
	afte
1201	in 24 hours
20	27
YLAN	within
S. 201 W. PRESTON ST., BALTIMORE, MARYLAND 2	scuted with
ON	9
ALTIN	cate b
ST. B	h certif
NO	death
#E5	ŧ
*	1
5, 201	equine
O	<u>8</u>
SE S	The
IVISION OF VITAL RECORD	DING PHYSICIAN: The law material that the
O NO	PHYS
INI	DING

ne Durial-transit permand Mental Hygiene

ATTEN

5

TO FUNERAL State MPORTANT

should be with the S

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME MIDDLE 20 DATE OF DEATH MONT 26. HOUR (TYPE OR PRINT) NOW. argare 5 DATE OF BIRTH 3 SEX 6. AGE IN YEARS LAST RIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR DAYS MONTHS HOURS emale -auc. TR. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **9 BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEYER MARRIED WIDOWEDIT DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126 KIND QF BUSINESS OR 12e USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Noustryme Dring Ursina 40memater USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE () () () 1136_COUNTY 1131. CITY OR TOWN Mont. 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Quaker YES [NOT andu -14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST CarrieFrances Wilson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (FYES, GIVE WAR OR DATES) Box 206 Sandy Sp George Fussell 6025 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO OR AS A SONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART HE CERTIFICATION 20h. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES 🗍 NOC YES [NO I 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH I IF EITHER, NOTIFY MEDICAL EXAMINERS P.M 21d. INJURY OCCURRED 211 LOCATION 21s PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE LAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 27a I certify that (I) (this hospital) attended the deceased from that (1) (we) lost sow the deceased all and and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) did this not new the bodylofter death. 22b. SIGNATURE 22c DATE SIGNED DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR | PHYSICIAN 224 PHYSICIAN'S NAME (THE OR PRINT) 22e ADDRESS 230 BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY LOGATION 23b. DATE CREMATION CITY OR TOWN COUNTY STATE V198P Lee Crematory 258. DATE REC'D. BY REGISTRAR 736. REGISTRAR'S SIGNATURE **DHMH-16 25M** BARBER LAYTONSVILLEMD. (VRA 15, 4) 1/79 20870

Acon with as interested and the

50 50:

X

timie pances - ileoc

de real and a real and

and the section

es, and the second of the seco

00000

deoth. Page 4 may be

executed within 24 hours ofter

certificate be

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital ar offending physician

	FOR STATE REGISTRA
make .	116 60 10 1111

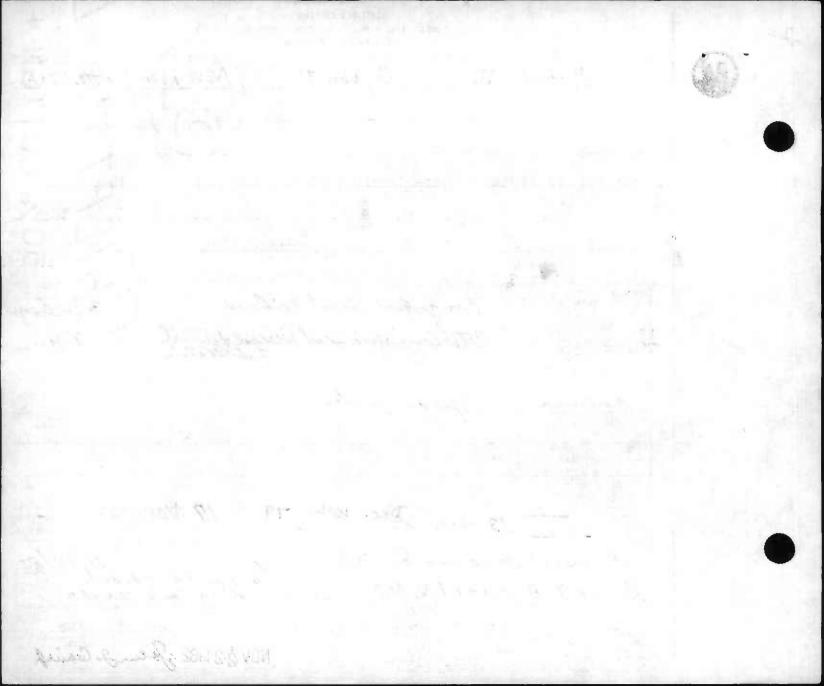
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

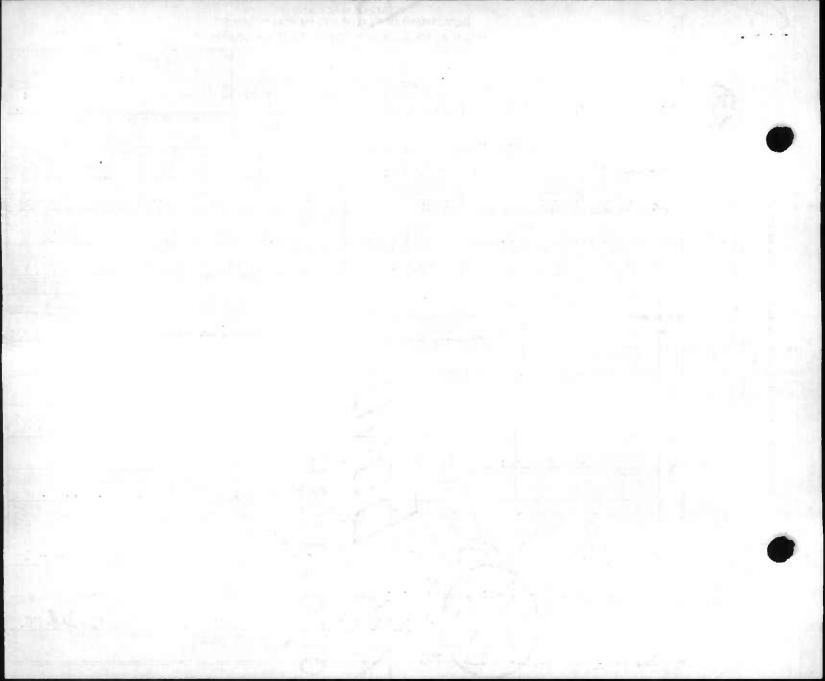
2	2	9	6	2	3

	REGISTRAR				CEKTIF	ICATE OF DEA	HIA		REG. NO.		. 30	
		Mabe			Ga	bbert	•	A .		er /	7,1982	26. HO
REG. NO. 1. DECEASED NAME (TYPE OR PRINT) Mabel J. Gabbert November 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) REG. NO. 1. DECEASED NAME (TYPE OR PRINT) Mabel J. Female White 1. AME (STATE OR FOREIGN COUNTRY) REG. NO. 1. DECEASED NAME (TYPE OR PRINT) NONTH DAY YEAR 1. AGE (IN YEARS LAST BIRTHDAY) NONTH DAY YEAR 1. AGE (IN YEARS LAST BIRTHDAY) NONTH DAY YEAR 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORK) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SILVER Spring Chevy Chase Nursing Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1. MOTHER'S NAME FIRST NODIGE NECKLOS OF WORK FOR MOST OF WORK FOR THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1. MOTHER'S MAIDEN NAME FIRST NODIGE LAST NODIGE SOCIAL SECURITY NO. 1. INFORMANT ADDRESS 1. MODILE Tranzuelina ADDRESS 1. NO ADDRESS	AY)	FUNDER 1 YEAR	IF UNDE									
1	Female		Whit	e	1			1.0	0	YRS.	O'TTIS DATS	HOURS
157	BIRTHPLACE (ST.	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8						OF DEATH	
3		nia	TT	S A				Mont	~~~~~			
3, 10	O. CITY OR TOWN O	FDEATH			G HOME C			12a. USUAL	OCCUPATION	_	125 KIND O	F BUSIN
10c	ilver S	oring	4 2			ing Hon	00	1.		ORKING LIFE)	Own H	000
10	SUAL RESIDENCE	IF NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)	-					DWII II	Ome
1			NIT							- C+	20011	T.7
A 14	DECEASED NAME THIS MODILE LAST TO A DATE OF DEATH MONTH DATE OF DEATH DATE OF DEATH MONTH DATE OF DEATH MONTH DATE OF DEATH DATE OF DEATH MONTH DATE OF DEATH MONTH DATE OF DEATH DATE OF DEATH MONTH DATE OF DEATH MONTH DATE OF DEATH DATE OF DEATH MONTH DATE OF DEATH MONTH DATE OF DEATH	- 1	VV									
UI		i	MIDDLE	_	,			olin			T O TO TO	
16	WAS DECEASED	EVER IN U.S. AF						пети	ADDRESS	01 11	Loren	Zd
5		VN) (IF YES GI	VE WAR OR DATES)	547-68-	-6418	Howard	M	Cabbo	rt Wa	ch ot o	psnur	St
-		DEATH Enter of				HOWAIC	A PI.	Gabbe	IL Wa	511.	APPROXI BETWEEN C	MATE IN
	PART I. DE	ATH WAS CAUSE	D BY.	-		West.	Frid	200			BETWEEN	INSET AN
	11.11	IMMEDIA	TE CAUSE (o)	North Park		V	1000			-	17	2 (
	Tell		DUE TO,	RASA CONSEQUE	ENG OF	21 11 -	40.		10		1	1
			· · · · · · · · · · · · · · · · · · ·	reriose	luot	e Hear	Huse	asl +1	more		4	-gu
								2 - 2 . 1	Alin			1
		9	DUE TO, OI	R AS A CONSEQUE	ENCE OF		7	1000	The same			
	underlying	cause last										
			(0)									
		RSIGNIFICANT	CONDITIONS CO	DNTRIBUTING TO L	DEATH BUT	OT RELATED TO	THE TERM	INAL DISEAS	E OR CONDITI	ION GIVE	N IN PART 110	1
- 3	an	linea	. 1	udan	unch	relie						
7	90 DATE OF O	PERATION	IW. CONDI	TION FOR WHICH	OFFRATIO	WAS PERFORM	ED	20n AUTO	OPSY? 120	h IF YES.	WERE FINDIN	IGSTIS
4	2	and the second	Com Secret	The second second		A TO PERSONAL PROPERTY.	100	200 4010		CERTIFY	ING CAUSES	OF DE
	=							YES 🗍	4.0			NO
7	71n ACCIDENT W	AS UNDERLYING T	7 715 TIME O	FINJURY		121c HOW INJUI	RY OCCURE		TUDE OF INTUINY IN			
	00.00.000.000.000.00				AY YEAR			(Eldler ida	TORE OF HAJORT HA	THE PARTY OF THE	(1 OK / AK / 2)	
/ 3	LIF EITHER NOTIF			M.	19							
//	21d INJURY OC	CURRED	21e PLACE	OF INJURY		211 LOCATION						
13	\$				ARM ETC)				CITY OR TOWN		COUNTY	
	AT WORK	AT WORK				200000						
		- a (1) (ab . 1	and a same dead at	- J	Dec.	Intho	-79		17 1/1	10.	R-	
				e deceased from			19	, 10	IVL	, ,	92	thot (I)
	sow the d	eceased alive or		VOV 190	an, an	d that in (my) (opinion i	death occurre	d on the date	and hour	and from the o	causes s
		(did) (did)	view the bady	after deoth.								
	116. SIGNATOR	(t									22c DATE	SIGNE
	(X)	12000	1 /3 /	in als	4 6	20 W ATTE	ENDING .	MEDICAL	STAFF	pmq	111	17
_/	112	-mu	10.00	2			SICIAN	DIRECTOR	PHYSICIAN	1	1///	111
/	22d PHYSICIAN	I'S NAME (TYPE O	OR PRINT)	10		22e. ADDRESS	110	6 50	niha	Coto	ecti	
/	W.c.	011	a Ari	no/N	MD	C.1	1/0 10	5		70		_
	Muss	CII P	, , , , ,	10,00	1.0,	211	ver.	2 Orin	19, m	2	209/1	0
23	Burial, CREMAT	ION PEMOVAL	1236. DATE	72. N	JAME OF C	EMETERY OR CRE	MATORY	23d. LOCA	4			
1.	(SPECIFY)							CITY	OR TOWN		COUNTY	
	Crema	tion_	11/17	/82 Me	trop	olitan	Crem	natory	Ale	xand	ria,	Va.
74	FUNERALDIRECT	28/20							EGISTRAR 25			
1	1144	Stoff C		Pop.O.	Box	7428			4000	COIST K.	AK S SIGNAL	UKE .
M	arner E	Pirmin	rev T				Md.N	UV 22	1982	oh	ما دان	hel
9.1	the state of the state of	· umpi	T C Y / I	TTO . DITT	CT D	AT TILL	HILL .		1/			

DHMH - 16 50M 1/81 (VRA 15, 4)

BP





20	WHEE!	
E-	-3-4	
4	sof	
Pog	dire	ai.
É	27	9 /
deo	une in)	100
-0	with the	Ped
0	ed +	弘
DUL	e = 0	0
4 h	P P	シム
n 2	Hoon o	ال
=	2 sl	edicol experimental states
3	pur	()
cute	20 - 2	lo
×	and	P di
e 0.	S S	E
ote	/sici	Ť,
tific	npo ma	ven
Je J	rbo	pic e
oth	end o, o	e a
O	atio	ro
ŧ.	ren	Jet
hat	by ose	ŧ0
S	ple	0,
900	sig her to b	2
ē	it. I	>-
0	erm e pr	Sol
The	e ho	ho
Zisk	Hyg	8 0
CIA	intolot	8
4YS ding	Ne Ne	-
Ph Hen	the the	Pe
Z o	Afte os lth	yark
N -	USe Heo	S
Spite	OT S	21
Po ho	IRE hed	Te T
the the	etac te D	**
PITA	ERA Stat	Z-
OS	The the	DRT,
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter deoth. Page 4 mm, etoined by the hospital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages should be detached for use as the buriol-transit permit. Then please remove corban pages. Pages 1 and 2 should be filled within 72 hours of the state Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical exprininer master patified angle.
5 0	→ v >	-

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 9 0

	FOR STATE REGISTRAR	DI		CATE OF DEATH	REG. NO.	2 9 0) 2 3
1	1. DECEASED NAME FIRST	MIDDLE	LA	ST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
1	MELBO	URNE J.	GALLUP		NOVEMBER 14,	1982	7:15 RM
ı	3 SEX	4. RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
ı	MALE	WHITE	DECE	MBER 15, 1902	79 YR	MONTHS DAYS	HOURS MIN.
1	70. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8.		9 BALTIMORE CITY OR COUN		
	MINNESOTA	U.S.A.	WIDOWE	NEVER MARRIED DIVORCED	MONTGOMERY		
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME OF		120 USUAL OCCUPATION		OF BUSINESS OR
	SILVER SPRING	10017 RENF	REW ROAD		TEACHER	PUBLI	C SCHOOL
			DRIOWN ER SPRING	134 INSIDE CITY LIMITS?	130017 RENFREW	ROAD	20901
	14. FATHER'S NAME FIRST WILLIAM		LLUP	VILMA FIRST	WE	BRIGG	is is
1	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRESS 10017	RENFREW	PD
1	NO		14-3035	NANCY G. EVA	NS. DAU, SILVER	SPRING.	MD.
7	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.	DUE TO, OR AS A COM (b) DUE TO, OR AS A COM (c) T CONDITIONS CONTRIBUTING 196 CONDITION FOR	NSEQUENCE OF NSEQUENCE OF NG TO DEATH BUT I	NOT RELATED TO THE TERMI	20g AUTOPSY? 20b IF		NGS USED
	OR COLUMNIA CLUSS OF A	EATH HOUR A.M. MON		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
	(IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		A - T - 3	10 8 - 000	that in (my) (aux) opinion d	death accurred on the date and l		that (I) (we) lost causes stated
	226 SIGNATURE Morta	altsch	ulp m	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED 15-/82
	224 PHYSICIAN'S NAME ITYPE	Altsch	ler mid		m Benta Dr	· Spra	i hel.
	230. BURIAL, CREMATION, REMOVA	11/1 5 /82		METERY OR CREMATORY TLL CREMATORY	23d LOCATION SUITLAND	PG.	йď.
	24. FUNERAL DIRECTOR & R NAME 3520 CONN. AVI	CREMATION SER	LYICES	20008 250 PATE	REC'D BYRIGORDARIZA PEG	STRAR'S LIG US	will

20008

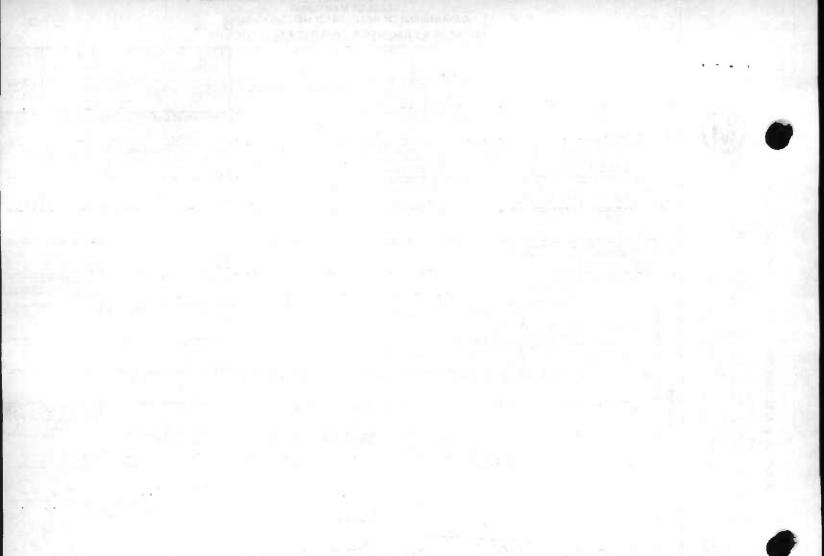
DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

with a first of the property of the second second

20M 4/82

STATE OF MARYLAND



(M	19

moy be

anding physicion and completely filled in by the funeral director, page 3 carbonpopers. Pages 1 and 2 should be filed within 72 hours after death

ust be notified of once

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

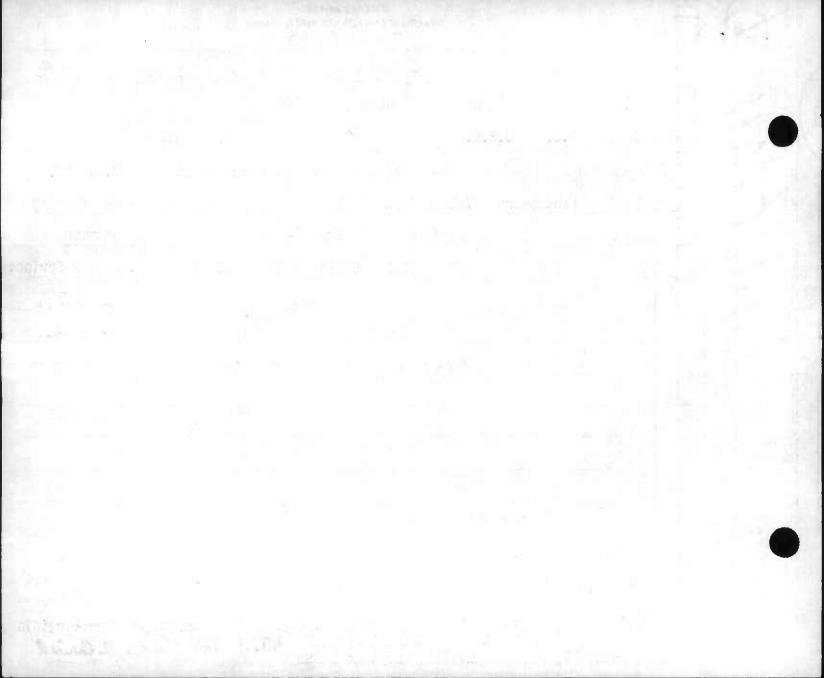
3 2

29621

	REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST E OR PRINT) Mysv		Gell	rinz	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 9 50 A M
3. SE	/	4. RACE	5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Male	Whit		Te 30°, 1895	87 _{YRS}	Mile.
Wa	RTHPLACE (STATE OR FOREIGN COUNTRY) Shington, D.C.	U.S.	4. WIDOW		9 BALTIMORE CITY OR COUN MONTGOMERY	TY OF DEATH
Ta	akoma Park	WASh		entist Hosp.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING ACCOUNTANT	126. KIND OF BUSINESS OR INDUSTRY U.S.GOVT.
Ma		NTY OMERY	Takoma Park	YES NO [13e. STREET ADDRESS 1108 Jackson A	venue (20912)
	ATHER'S NAME FIRST Hyman	WIDDLE	Gewirz	Sophie	WIDDLE	Berman
	VAS DECEASED EVER IN U.S. AI YES. NO OR UNKNOWN) (1F YES GI YES WW.	RMED FORCES?	578-32-6537	Edwin Gewirz		land 20904 e.;Silver Spring
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per ED BY: .TE CAUSE (o)	Respirator	, Failure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2-3 cky 5
	Conditions, if ony, which gove rise to immediate couse (o), stating the	(b)_	RAS AGONSEOUENCE OF	2		4.5 clays
	underlying couse lost.	(c)		Subdural the		4-6 weeks
ION		CONDITIONS <u>CC</u>	ONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION C	SIVEN IN PART 110
CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATION	ON WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	270.1 certify that (I) (this hasp saw the deceased alive or above, (I) (we) did) (did no	Oct 3	1 1982	and that in (my) (our) opinion	deoth occurred on the date and h	that (I) (we) lost our and from the couses stated
	22b. SIGNATURE	200		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
	ROBERT B	TRE	1	22e ADDRESS		her Spring, Md.
(URIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	urial	Nov. 4	, 82 King Day	vid Mem. Garde	n Falls Church:	Fairfax; Virginia
	DNERAL DIRECTOR DANZAN NAME 170 Rockville P		DBERG MEMORIA	L CHAPELS 250 N	10 3 BY 1982 25 25 25 3	STRAR'S SIGNATURE

BP______ DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL



74
-
PW
27.1
0
-
-
-E
-44
5-
200
"
ME .
Z
~
100
MAIN .
inc .
-
u.
WO
-
-
22
4
20
1.5
944
w.
15 7
0
20
10
202
94
96
Ch.
Ca.
3
=
=
201
=
201
RDS, 201
RDS, 201
ORDS, 201
ORDS, 201
ECORDS, 201
ECORDS, 201
RECORDS, 201
RECORDS, 201
RECORDS, 201
ECORDS, 201
RECORDS, 201
RECORDS, 201
VITAL RECORDS, 201
VITAL RECORDS, 201
OF VITAL RECORDS, 201
OF VITAL RECORDS, 201
OF VITAL RECORDS, 201
VITAL RECORDS, 201
ION OF VITAL RECORDS, 201
OF VITAL RECORDS, 201
ION OF VITAL RECORDS, 201
ION OF VITAL RECORDS, 201
ION OF VITAL RECORDS, 201
ION OF VITAL RECORDS, 201
ION OF VITAL RECORDS, 201
ION OF VITAL RECORDS, 201
ION OF VITAL RECORDS, 201
ION OF VITAL RECORDS, 201
ION OF VITAL RECORDS, 201
ION OF VITAL RECORDS, 201

Black Nov 1, 0 1896 186		(TYP	CEASED NAME FIRST E OR PRINT) Walter	Robert	Gho	Ison	20 DATE OF DEATH MONTH	1 1982 6º
WARRED DONORCED DONOR	M		Male		Nov		TAU.	
BUBLIA RESIDENCE 14 MARS aggregated or of humphylylylylocor and protein authorition. The COUNTY /	1	Vi	rginia	USA	MARRIE	DI DIVORCED T	Prince George	antanama Ca
The STATE The COUNTY The COUNTY The STATE The COUNTY The STATE The COUNTY The STATE The COUNTY The Cou	2	P	G. Co.	National Adver	ILISE P	or other institution lospital	12a USUAL OCCUPATION	17b. KIND OF BUSIN
John Gholson Delha Gholson Tokoma Patters Md. 20912 Tokoma Patters M	A B	lle.	Md Poten	NTY / / / / / / I CITY OR TO	WN	YES X NO	7620 Maple Ave	# 317
CAUSE OF DEATH lenter only one couse per fine for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 1 CAUSE OF DEATH lenter only one couse per fine for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 1 CAUSE OF DEATH lenter only one couse per fine for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 1 CAUSE OF DEATH lenter only one couse per fine for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 1 CAUSE OF DEATH lenter only one couse per fine for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 1 CAUSE OF DEATH WAS UNDERSYNON 1 CAUSE OF OFFINION 1 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOSY? 200	OVO	14. F.	FIRST			FIRST	MIDDLE	LAST
DUE TO, OR AS A CONSEQUENCE OF CONDITION, if any, which gove rise to immediate cause lost indeed to end to the course lost immediate cause lost immediate lost immediate lost immediates and immediate lost immediates and immediate cause lost immediates and immediate lost immediates and imm	Poper		YES, NO OR UNKNOWN) (IF YES, GR	VE WAR OR DATES)				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED (AT HOME STREET, FACTORY OFFICE FARM, ETC.) 210 I LOCATION STREET CITY OR TOWN COUNTY 210 I LOCATION STREET CITY OR TOWN COUNTY 211 LOCATION STREET CITY OR TOWN COUNTY 212 I LOCATION STREET CITY OR TOWN COUNTY 213 LOCATION STREET CITY OR TOWN COUNTY 214 LOCATION STREET CITY OR TOWN COUNTY 215 LOCATION STREET CITY OR TOWN COUNTY 216 PACE TOWN COUNTY 217 LOCATION STREET CITY OR TOWN COUNTY DEGREE 217 LOCATION STREET CITY OR TOWN COUNTY COUNTY DEGREE 217 LOCATION STREET CITY OR TOWN COUNTY COUNTY COUNTY 226 LOCATION DEGREE 227 DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIR	Dame Co		Conditions, if any, which			has Failuro	20 to Valvular h	eartchream
270 I certify that (I) (this hospital) ottended the deceosed from D27 19 P2 to U29 19 A2—that (I) saw the deceosed alive on 12 24 P29 on ond that in (my) (our) opinion death occurred on the date and hour and from the causes in a start of the control of the control of the date and hour and from the causes in the cause in the causes in the causes in the causes in the cause in the c	ir permit. Then please renouse on sere prior to byrind, cromofiem, o dows are injury, or other trauma	THECATION	gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEO (c) ANGINA CONDITIONS CONTRIBUTING TO MY Truet Su	UENCE OF PCETA DEATH BUT ICE LIA	Ms Canalia NOT RELATED TO THE TERM Cerebro	AINAL DISEASE OR CONDITION GI AINAL DISEASE OR CONDITION GI AINAL DISEASE OR CONDITION GI 200 AUTOPSY? 200 IF YE IDICERT	VEN IN PART I (0) ES, WERE FINDINGS USE IFYING CAUSES OF DEA
saw the deceased alive on 12 21 12 45 on that in (my) (our) opinion death occurred on the date and hour and from the causes so above. (1) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 11/29/12 224 PHYSICIAN'S NAME (TYPE OR PRINT) VIVEL C VAID 125 ADDRESS 7676 New Hampshine Ave Langley)	makranit peins Then please remove co ental Hygiene prior to burial, comition, o from 18 shows dry injury, or other training	111111	gove rise to immediate cause 101, stating the underlying cause lost PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL	DUE TO, OR AS A CONSECUTION OF THE TOTAL THE T	UENCE OF CETA DEATH BUT H OPERATIO	MS Canadia NOT RELATED TO THE TERM Corebroon N WAS PERFORMED	Almal disease or condition of Almanda 200 autopsy? 200 lifty YES NO	VEN IN PART 1(0) ES, WERE FINDINGS USE IFYING CAUSES OF DEAT ES NO [
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 11/29/1 1720. PHYSICIAN'S NAME [TYPE OF PRINT] 11/29/1 1720. PHYSICIAN'S NAME [TYPE OF PRINT] 1220. ADDRESS 17676 New Hampshiao Ava Langley)	so the burnst-rount permit. Then please ember on thood Mental Hygiene prior to broad, ecentrism, on weed or them. If shows any injury, or other trauma	111111	gove rise to immediate cause 101, stating the underlying cause lost 19 PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT OF CONTRIBUTING CAUSE OF DELIF ETHER NOTIFY MEDICAL EXAMINER TILL INTO CURRED NOT WHILE NOT WHILE	DUE TO, OR AS A CONSEON (c) AGINA CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY	UENCE OF VELLA DEATH BUT HOPERATION	NOT RELATED TO THE TERM Corcheso N WAS PERFORMED 216. HOW INJURY OCCUR	AINAL DISEASE OR CONDITION GI 200 AUTOPSY? 200. IF YE YES NO YES YES NO IF YES YES NO IF YES NO IN ITEM 18	VEN IN PART 1(0) ES, WERE FINDINGS USE IFYING CAUSES OF DEAT (ES NO [PART OR PART 2)
10 10 Hew Hampshiso HVO Wrelley)	dition use as the burnot-trainst permit. Then please remove on to the other and Mental Propiere prior to burnot, architecture in 21 is marked or them 18 shows any injury, or other training	111111	gove rise to immediate cause 101, stating the underlying cause lost underlying cause lost 190. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSE OF DETERMINED CAUSE OF DETERMINED CAUSE OF DETERMINED AT WORK 27a I certify that (I) (this hosping saw the deceased alive on above, (I) (we) (did) (did not on above, (II) (we)	DUE TO, OR AS A CONSEO (c) TAGINA CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	UENCE OF PERENT OF THE PERENT	NOT RELATED TO THE TERM Corcheso N WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION STREET	AINAL DISEASE OR CONDITION GI 200 AUTOPSY? 200. IF YE YES NO YES NO YES YES NO TOWN	VEN IN PART 1(0) ES, WERE FINDINGS USE IFYING CAUSES OF DEA: ES
	as detached for use as the burnot-transfurers. Then please remove on State Dept. of Health and Mental Propiete prior to brevial account and AMT. If them 21 is marked or them 18 shows any injury, or other training	111111	90Ver rise to immediate cause 101, stating the underlying cause lost the underlying cause lost 190 DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIFIE HER NOTHY MEDICAL EXAMINED WORK NOTHY MEDICAL EXAMINED WORK NOTHY HOLD CAUSE OF DELIFIED CAUSE OF DELIFICATION OF	DUE TO, OR AS A CONSEO (c) TAGINA CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE (ital) ottended the deceosed from 11 View the body after death.	UENCE OF CELLA DEATH BUT HOPERATION DAY YEAR 19	NOT RELATED TO THE TERM CONCLING N WAS PERFORMED 211 LOCATION STREET 211 LOCATION STREET Ad that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [AINAL DISEASE OR CONDITION GI 200. AUTOPSY? YES NOTE Y RED (ENTER NATURE OF INJURY IN ITEM 18 CITY OR TOWN 10 11 29 death occurred on the date and ho	VEN IN PART 1(a) ES, WERE FINDINGS USE IFYING CAUSES OF DEAT (ES NO PART OR PART 2) COUNTY S

1100

Eotopeo Pic services x

102 501

various for the sould?

SCO ISJIMO JAŽONOV AMMONIJAM

no For Sold

0:000 0000

579-05-9346 Fannis Goolson iffel 7620 Maula Ave

Foj-1:

12/3/42 Whatington at. cametere Shitlane, Maryland

oinson enting Inc. 716 kennedy St, ...

	1.	FOR STATE REGISTRAR			DEPARTA	NENT OF H	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	REG. NO.	2 9	6 2 9
	(TYPE		FIRST ANC.	ES	MIDDLE		6,1850N	2a DATE OF	DEATH MONTH	21/82	26 HOUR 233 M
	3 SE	x Female		Caucas:	ian	5. DATE C			EARS LAST BIRTHDAY) RS	MONTHS DAY	
17	Wa	IRTHPLACE (STATE OR COUNTRY) shington,	D.C.	76 CITIZEN OF United	what country? States	8.	D NEVER MARRIED	9 BALTIMO	TEOME		CO. MD
10	6	ETHES PH	7, MD	SUB	HOSPITAL, NURSIN		40SPITAL	TYPE OF WORK	OCCUPATION R FOR MOST OF WORKING Maker		
35	13o 5	al residence fields State ryland	136 COUN		GIVE RESIDENCE BEFORE 134 CITY OR TOWN ROCKVILL		13d. INSIDE CITY LIMITS?	13e STREET /	Rockvill	(20852) Le Pike	#504
51	14 FA	Jesse		MIDDLE	Stumph		Anna	AME	WIDDIE	Rot	h h
	- 0	was deceased ever yes, no or unknown) No		MED FORCES? E WAR OR DATES)	216-46-4		Dr. Frank E.	Gibson	, Jr. san	ne as #1	.3
		PART I. DEATH V	VAS CAUSE	ly one couse per D BY: 'E C AUSE (a)	line for all, (b), and	ar e	artery In	Cromb	lois	APPROBETWEE	DXIMATE INTERVAL NONSET AND DEATH
		Conditions, if any		DUE TO, O	artu	NON Z	clevos i			5	years
		gove rise to im couse (a), stati underlying cousi	ng the	DUE TO, O	r as a conseque	nce of					
	NOI	PART 2 OTHER SIG	NIFICANT	2 as	teur ?	EATHBUT	NOT RELATED TO THE TERA	AINAL DISEASE	OR CONDITION (GIVEN IN PART	110
2	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO		YES, WERE FIND RTIFYING CAUSE YES []	
9	_	210 ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEA		M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTERNA	URE OF INJURY IN ITEM !	IB PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCUR	mu FT	21e PLACE (OF INJURY EET FACTORY OFFICE FA	RM ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	(27s I ertify that (I say the decept		111	decaysed from	2	d that in (my) (and appropria	death occurred	II al		that (1) (ye) lost

DEGREE

Metropolitan Crematory

ATTENDING MEDICAL PHYSICIAN DIRECTOR

STAFF PHYSICIAN

atory Alexandria, Virginia

NOV 26 1982

5272 River Road Bethesda, Maryland 20816

DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR: After this certificate has been

havid be detoched for use as the

IMPORTANT: If Item 21 is marked or Item 18 shows ony

Joséph J

Cremation

Wallace, M.D.

Robert A. Pumphrey Funeral Homes, PA

20814

23b. DATE Nov. 22, 1982

Bethesda, Maryland

THE RESERVE OF THE PARTY OF THE COTHER PER DU SELECTION PROPERTY THE PARTY OF THE P Ø 1 O- -----

6		1	FOR - STATE REGISTRAR		DEPARTI	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYO HICATE OF DEATH	GIENE 8 2.	2	9 6	3 0
	y be ge 3		CEASED NAME RIRST	BERT	MIDDLE	50	LDMAN	11-5-88	NONTH DAT	YEAR	26 HOUR 8: 180. M
	ge 4 may ector, pa	3. SE	× Male	4 RACE White	te	5 DATE O	DAY YEAR 6	6. AGE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS
0	6 97		IRTHPLACE (STATE OR FOREIGN COUNTRY).		WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED	9 BALTIMORE CITY OR Montgo	COUNTYO	FDEATH	AAD
10	W 1970		ity or town of death Bethesda		HOSPITAL, NURSIN CHEACILITY, GIVE STREET ULDAN HOS		OR OTHER INSTITUTION	120 USUAL OCCUPATION METCHANT	N		F BUSINESS OR aurant
MARYLAND 21201	filled in hould be	130	-	or other institution INTY Egomery	Chevy Ch		13d Inside City Limits? YesXX NO [13e. STREET ADDRESS 8700 Jones	Mill	Road	
MARYL	ampletely and 2 s		ather's NAME Benjamin	MIDDLE	Goldi	nan	15. MOTHER'S MAIDEN NA Paslte	MIDDLE			odny
BALTIMORE,	an ond c			RMED FORCES?	224-28-0		Beatrice Ro	6301 Len ot Beth e sda	ox Roc Mari	id, iland i	20817
PRESTON ST., BAL	e deoth certificate b e attending physicial mave corbon papers. atian, or removal. troumatic event, the	SHEAT	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS MADED). 50 2 MMEDI. Conditions, if any, which gave rise to immediate.	SED BY: ATE CAUSE (a)	line for (a), (b), an Curdio - R AS A CONSEQUE O T her	Respe	ratory faitu	when			MATE INTERVAL INSET AND DEATH And And And And And And And A
201 W. PR	that the d by the lease remial, crema		couse (o), stoting the underlying couse last.	DUE TO, O	A CONSEQUE	NCEOF	Traftis & int	internal Status	utun	11	days
	en signe en ta bur p or ta bur y injury,	TION	PART 2 OTHER SIGNIFICANT					INAL DISEASE OR CONDI	TION GIVEN	IN PART 110	
DIVISION OF VITAL RECORDS,	icion. The low icion. The hos be set permit given pring given prings.	CERTIFICATION	190 DATE OF OPERATION	Acute	histerely	OPERATIO	MAS PERFORMED Motorie Filin	YES NO	20b. IF YES, V IN CERTIFYII YES (VERE FINDIN NG CAUSES	IGS USED OF DEATH? NO
N OF VI	ring physici certificate unol-transi Aental Hygi	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.	M. MONTH DA M.	YEAR	21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART	1 OR PART 2)	
DIVISIO	ING PHY after this as the bu th and M	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, F	ARM, ETC)	ZH LOCATION STREET	CITY OR TOWN	7	COUNTY	STATE
	ATTEND Sspital o ICTOR: J d for use f of Hea		22a. I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did n	. 11/5	10	201	nd that in (my) (our) opinion	death occurred on the dote	and hour a		hat (I) (we) last causes stated

MEDICAL STAFF
DIRECTOR PHYSICIAN

should be detached for use as with the State Dept of Health TO FUNERAL DIRECTOR: AF etained by the hospital ar MPORTANT: If frem 21 is mo 23a. BURIAL, CREMATION, REMOVAL King David Mem. Garden Falls Church, Virginia Burial BP. 11/7/1982 Mard M. Stein Hebrew Memorial Funeral Home 2 Carroll Street, N. W., Washington, D. C.

DEGREE

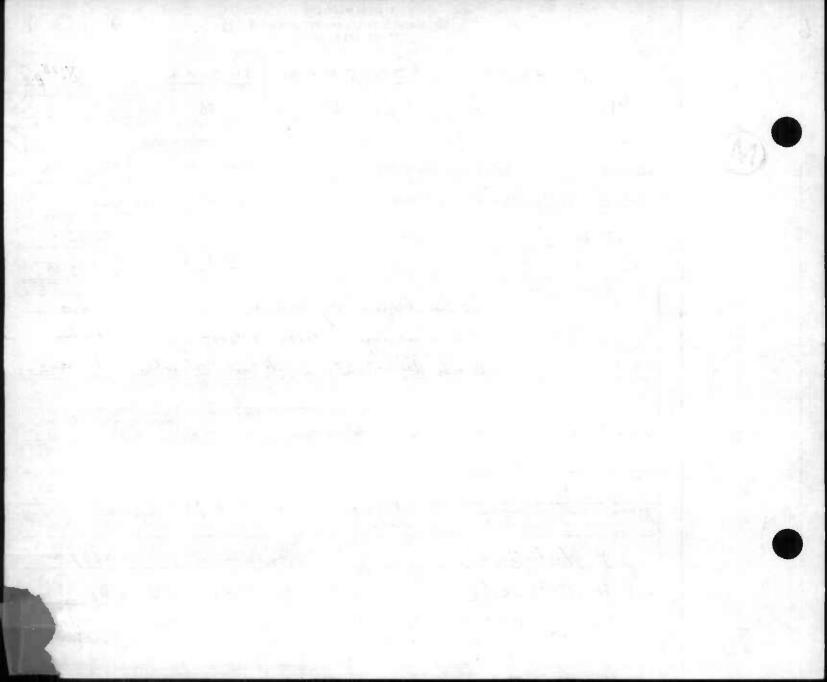
22e ADDRESS

ATTENDING PHYSICIAN

22b. SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL



executed within 24 hours after

	1	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	2	9 6	3 1
deoth deoth			FIRST MUEL 4. RACE	MIDDLE	GOLD IS, DATE O	MAN	20 DATE OF DEATH	MONTH DAY	82	1035
ector progression of the progres	3. 30	M	4. RACE	W	MONTH	7 1895	87	YRS		FUNDER 24 HRS HOURS MIN.
72 hou	7a. B	IRTHPLACE (STATE OR FOI		OF WHAT COUNTRY	MARRIE	□ NEVER MARRIED □	9 BALTIMORE CITY OF	R COUNTY OF	DEATH	
by the function of the form	10.0	RUSSIA	H II. NAME	OF HOSPITAL, NURSI SUCH EACHLY, GIVE STREE		DIVORCED DIVORCED	120 USUAL OCCUPATION OF WORK FOR MOST OF		ZE KIND OF I	BUSINESS OR
in by be filed	USU		SUB G HOME OR OTHER INSTITUT	URBAN ION, GIVE RESIDENCE BEFOR		ITHL	ACCOUNTA			RUCTION
hould	M	ARYLAND	MONTGOME	PX ROCKU	THE	13d. INSIDE CITY LIMITS? YES NO	6408	ANVIL	118	7
ol vod 2 s	III. F.	DAVID	WIDDIE	GOLDM	IAN	IS. MOTHER'S MAIDEN NAM HANAH	WIDDLE		LAST	
Pages 1.		WAS DECEASED EVER IN	U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE:	5? 166 SOCIAL SEC	URITY NO.	17 INFORMANT 8 MRS. MORTO	ADDRES	040	8 DA	NVILLE LE MD.
y the attending physicic e remove corbonpopers cremotian, or remaval. ther troumatic event, the		Conditions, if ony, gove rise to imme couse (a), stating	S CAUSED BY MEDIATE CAUSE (c) DUE TO which (b) diote	Per line for (a), (b), a) OR AS A CONSEOU OR AS A CONSEQU	PINTE DENCE OF	RENAL FI	AILURE		APPROXIMA BETWEEN ON	CTE INTERVAL SET AND DEATH
os been signed b permit. Then pleos te prior ta burial, vs ony injury, or o	CERTIFICATION		FICANT CONDITIONS ES MEL	CONTRIBUTING TO		NOT RELATED TO THE TERMI	20a AUTOPSY?	206. IF YES, WE	RE FINDING	S USED F DEATH?
verificate h	MEDICAL CERTI	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CALL (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRE	USE OF DEATH HOUR	E OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCURR	YES NO X	YES		NO [
ter this is the bu h and M rked or	MEC	WHILE AT WORK NOT WHILE	(AT HOME	CE OF INJURY STREET FACTORY, OFFICE.	FARM, ETC)	211 LOCATION STREET	CITY OR 10 W	N (0)	COUNTY	STATE
for use of Healt		22a I certify that (1) the saw the deceased above (1) (we) (dia		11/3 19	77	d that in (my) (our) opinion of	eath occurred on the dat	7	from the co	uses stated
AL DIRECTOR OF THE PROPERTY OF		226 SIGNATURE	FEVENSI	De M	M	ATTENDING PHYSICIAN	MEDICAL STAF	F	22c. DATE SIG	GNED 1/82
hould be with the St		ROGER S	AE (TYPE OR PRINT)	N, JR		11125 ROC	WILLE PIL	YE ROC	KUIL	18, MIS

23¢ NAME OF CEMETERY OF CREMATORY KING DAVID MEM GDN

CHP. 1170 ROCKVI PK. R'VILLE MD. NOV 8 1982

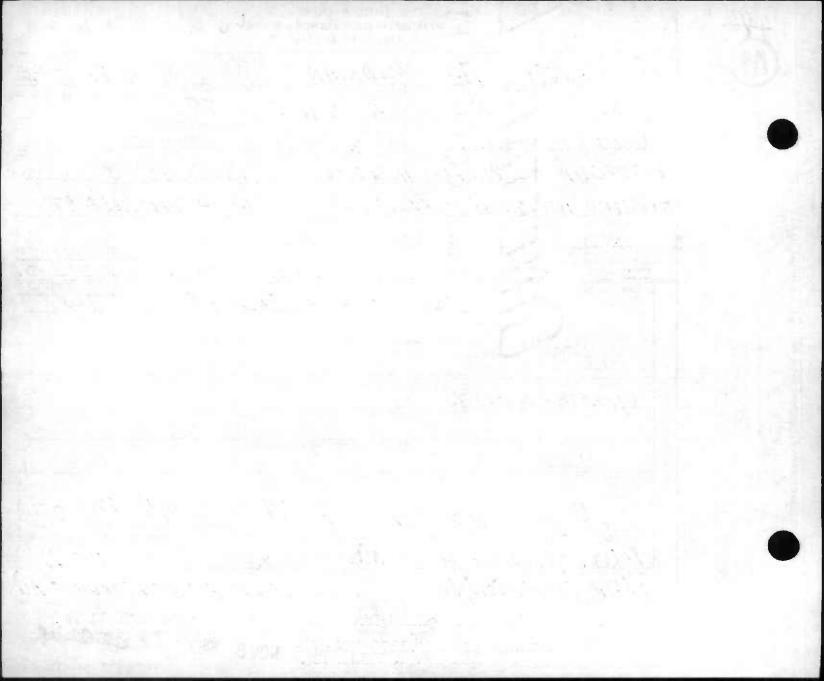
23d LOCATION CITY OF FALLS CHURCH VA. STATE

BP_____ DHMH - 16 50M 1/81 (VRA 15, 4) 23a BURIAL, CREMATION, REMOVAL (SPEC BURIAL)

24 FUNERAL DIRECTOR
DANZANSKY-GOLDBERG

23b DATE 11-5-82

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician.



1,		OR UNI	K.#82-13	37	D	EPART	STA MENT OF		ARYLAN I AND MI		YGIENE	3 2		2 9	ó	3	2
1		EGISTRAR			WED	DICALI	EXAMIN	IER'S	CERTIFIC	CATEO	F DEAT	H	REG. NO	1.			
		EASED NAME	FiRST			WIDDLE			LAST		20	DATE KI	NOMN [MONTH	DAY	YEAR	2b. HOUR
	(i i r C	OK PRIINT)	Felipe	2				Go	mez			OF DEATH A	AATED XX	10	30	1982	AA AA
3. 5	SEX	4.	RACE	5. DATE	OF BIRTH		6. AGE (IN YE	ARS IF UN	DER 1 YR.	IF UNDER		DATE		MONTH	DAY	YEAR	2d HOUR
1	7.1	ale	Black	MONTH		YEAR	2 7 Y	MOINT	HS DAYS	HOURS	MIN. PE	DEAD	ED	1.1	3	1982	a. M
70	BIR	THPLACE (STAT		Fet	ZEN OF WH	AT COUN		12	F3		7	BALTIMO	RE CITY OF	R COUNT			CI - M
		IGN COUNTRY)	-			_		WIDOW	IED X NEV	VER MARRIE DIVORCE	-	Mon	tgome	TV CC	oun t	V	
10	CIT	ninican OR TOWN OF	Rep.	L Do	minic ME OF HOSE	an R	RSING HOM						TION (TYPE			D OF BUS	MD.
1		koma Pa			OT IN SUCH FAC	HITY GIVE S	reet address)					ST OF WORKI				INDUSTR	
	_		IN NURSING HOME O	DOTHER IN							Stı	ıdent			Edu	<u>icati</u>	on
130	a. ST	ATE	13b. COUN	TY		13c. CITY	OR TOWN		13d. INSIDE CI			T ADDRES					
		ryland	Mon	tgon	nery	1 Tal	coma,	Pk	YES X	NO 🗌	7777	7 Mar	ole As	ve			
H 14	FAT	HER'S NAME FIRST		MIDDLE			LAST		15. MOTHE	R'S MAIDEI	NAME	MIDI	DLE		L	AST	
		ubel	nmr			mez			Vit	alina		nm	n	Guz	ma	n	
160	a. W.	AS DECEASED E	VER IN U.S. ARA	MED FOR	CES?	166. SOC	IAL SECURIT	Y NO.	17 INFORM	TAAN		777	ADDRESS Nape	1 Av	e		
		No	Non			unk	7		May	ra Go	mez	Та	koma	Par	·k	FI	
F	T	IB CAUSE OF E	DEATH (Enter on		use per line										APP	PROXIMATE	INTERVAL AND DEATH
		PARTIDEAT	TH WAS CAUSED		F (-)	Gunsl	not wo	und c	of Che	st	(Han	dgun)			BETWI	EEN ONSET	AND DEATH
		98	MMEDIAT		(0)		ISEQUENCE				A	- 3 - 11 - 1					
			if any, which	1													
			to immediate ating the under-	30	(b)	AS A CON	ISEQUENCE	OF							+-		
		lying cause		1	02 10, 00,	AS A COIN	SEGOLINCE	OI .							100		
	1	PART 2 OTHER CICH	FICANT CONDITIONS	CONTRIBUTI	(c)	UZ MOT BELA	750 70 705 750	Alle a la constant									
1		PART 2 OTHER SIGNI	IFICANI CUNUITIONS	CONTRIBUTI	ING TO BEATH &	UI NUI KELA	TEU TU THE TERM	AIMAL DISEAS	E UK CUNUIIIUI	N GIYEN IN PAS	[[a						
- 1	₽	19a. DATE OF O	PERATION	Ti	95 CONDIT	ION FOR	WHICH OPER	PATIONI VA	AS DEDECOR	MEDS					Too A	UTOPSY?	
1 3	2	INE. DAIL OF O	EKAHON	1	18 CONDIII	ONFOR	WHICH OF ER	CATION W	AS PERFOR	MED:							
- 3	CERTIFICATION	21a. EXTERNAL	CALISE VA/AS		IN TIME OF	INCHES A	20 + 1	I as se		0.000					_	ES XX	NO 🗌
		UNDERLYING		12	IN TIME OF HOUR A.M.	MONTH	DAY YEAR	R	OW INJURY			TURE OF INJUR	RY IN ITEM 18 PA	ART 1 OR PARI	1 2]		
1	5	CONTRIBUTING	CAUSE OF E		? P.M.		30 198	2 9	ub jec	t was	shot						
1	MEDICAL	NA INJURY OC	CURRED		Te PLACE O				CATION			CITY OR TOWN	4	COU	NTY		STATE
1	<	WHILE AT WORK	NOT WHILE D	2		Home	T.	777	7 Map	le Ave						merv	Co.,
				0.0645-	1		un hald		sy XX			Г				1.7	d.
			that I took charg			1			_	Inspection		Inquiry L		d in my opi	nion		
		deoth resulted	Notur	nl couses	1/1	cident	L, Su	ricide U	, Homic	and plantage	Undeter	mined man	ner KX.				
		ACTUAL A	Ver.	26	1/1	. (2/2 /	Vist	TITLE (SI					DATE	1.1	-4-8	2
7	1	SIGNATURE	· · · · · · ·	A.A.	IXI	Nef	101	M	D. ASSI	stant	MEDIC	AL EXAMIN	VER	SIGNED	0	-4-0	_
1		XAMINER'S NA	AME DO	nnic	F. Sm	W +634	MD			- 11	I Pen	n Str	tag				
+		TYPE OR PRINT) Dei						ADDRESS_				361				
23	a. BU	RIAL, CREMATIC	ON, REMOVAL 2				NAME OF CE				23d. LOC CITY OR			COUN	Ret	oubli	e.
	B	urial		Vov :	12,19	82 M	aximo	Gor					minir				cian
24		VERAL DIRECTO	OR		ADDR86	55 C	eorgi	a Av	e	25a. DATE R			256 REGIS	TRAR'S SH	GNATU	JRE .	1
I	W	W Cha	mbers	Co,			r Spri			NO.	V 12	1982	7 G	mod.	- 10	my	1
1																	

	-	
		leath Page 4 nay be
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate the executed within 24 hours after thestin Pretained by the hospital or attending physician.
		0 5

and 2 shayld be f.

TO FUNERAL DIRECTOR: After this centificate has been signed by the attending physicion and continuous be detached for use as the buriol-transit permit. Then please remaye carbon paper. Penni the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal.

injury, ar ather troumatic event, th

WPCPTANT: If Hem 21 is morked or Hem 18 shows any

APPROVED BY ME

FOR - STATE

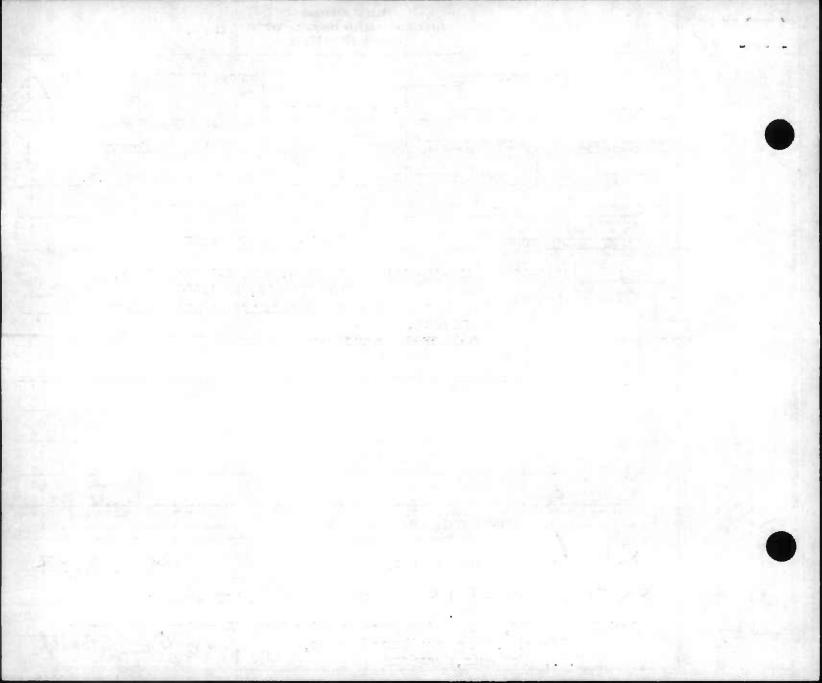
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	2	2	9	6	

	REGISTRAR				~	ichie oi	PERM	REG	, NO.			
	CEASED NAME	FIRST		MIDDLE	i.	AST		20. DATE OF DEATH		DAY YEAR	26 HOL	JR
		ARRY G	EORGE (GOOD				NOVEMBER	10 198	32	2:36	ам
3. SE	X	4.	RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER 1 YEAR		24 HRS
	MALE		CAUCA	SIAN			18 1918	64	YRS.	MONINS, DATS	HOURS	MIN.
	IRTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D 🛛 NEVE	MARRIED	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH		
PE	NNSYLVANIA	. 1	UNITED	STATES	WIDOWE		DIVORCED [MONTGO	MERY C	ounty		MD.
10. C	ITY OR TOWN OF DE	ATH 11		HOSPITAL, NURSIN		OR OTHER IN	STITUTION	12a USUAL OCCUP	ATION	126. KIND	OF BUSINE	ESS OR
	BETHESDA	1	NAV	AL HOSPIT	AL			Master Se			. ARMY	
13a	AL RESIDENCE (IF NUR STATE	HIS COUNTY	HER INSTITUTION	13c. CITY OR TOWN		113d INSIDE	CITY LIMITS?	13e STREET ADDRES	SS .			
THE PERSON NAMED IN	W JERSEY	Glouce	ster	WENONAH		YES 🗌	ио 🕅	678 MON'		AVENUE	1	
HE E	ATHER'S NAME FIRST	MIC	DDLE	LAST		15 MOTHE	R'S MAIDEN NAM	MEDDE			AST	
		ORGE G					1200	ABEL PEASI				
	WAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	166 SOCIAL SECUI	RITY NO.	17 INFORA			DRESS			
	YES	1943-	1968	179-10-9	761			OD, 217 G				
	18 CAUSE OF DEAT PART I. DEATH V	H (Enter only	one couse per	line for (a), (b), and	lcl	PHO	ENIXVILL	E, PA 1940	50	BETWEEN	XIMATE INTER	DEATH
	11029	IMMEDIATE (CAUSE (o)	SCHEMIC	COLI	TIC	COMPLIC	ATING H	YPOTEN	ISIVE		
	10-1		DUE TO,	PAI SODES	NCE OF							
	Conditions, if any		(b)_	OAT CEL	L CA	RCINO	MA			100		
	couse (o), statii	ng the	DUE TO, OI	R AS A CONSEQUE	NCE OF							
	underlying couse	last.	((c)							10 11 11 11 11 11		
z	PART 2 OTHER SIG	NIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATI	D TO THE TERMI	NAL DISEASE OR CO	ONDITION GIV	VEN IN PART 1	10	
MEDICAL CERTIFICATION	19a DATE OF OPERA	TION	Tinh COND	TION FOR WALLOW	ODEDATIO	LIMA C DEBI	00.450	I as a sufference of	Tage IF VE	C INCRESCIO		
FICA	190 DATE OF OPERA	TION	198 CONDI	TION FOR WHICH	OPERATIO	N WAS PERI	ORMED	20a AUTOPSY?	IN CERTI	S, WERE FIND IFYING CAUSE	S OF DEAT	TH?
ERT	21a. ACCIDENT WAS UN	DERLYING	21b. TIME O	F IN IURY		Tale HOW	IN HIPY OCCUPED	YES X NO ED (ENTER NATURE OF I	-	ES X	NO [
N C	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.	M. MONTH DA		THE HOW	NAJORI OCCORRI	ED (ENTER NATURE OF II	ATORY IN HEW IR	PART (OR PART 2)		
DIC	21d, INJURY OCCUR		P.I		19	21f LOCAT	ION					
ME	WHILE NOT WE	HILE		EET, FACTORY OFFICE, FA	RM. ETC }	STRE		CITY OF	ITOWN	COUNTY	S	STATE
	220.1 certify that (1)		ottended the	deceased from N	OVEMB	ER 10	10 82	NOVEM	BER 10	10 82	41	2.1
	saw the deceas	ed alive an	NOVEM	BER 10 19 8	2, on		y) (our) opinion d	eath occurred on the			, that (1) (v	,
	22b. (1) (we) (1)	did) (d/d not) v	iew the body	ofter death		DEGREE					E SIGNED	
	KK	to~	64. 0	2. 15 41			ATTENDING		TAFF	11/	1/100	7
	22d_PHYSICIAN'S N.	AME (TYPE OR PE	-eyus	in or in	7	22e ADDRI	SS			1///	1/2	
	RK to	m 1158	Par 1	TMC			NAVAL	HOSPITAL	•		VAL	
23a F	BURIAL, CREMATION,	REMOVAL			AME OF C		CENTE	R BETHES	DA, MD	20814		
	Buria1		15. 19				rial Par	CITY OR TOWN	are M	ew Jers		TATE
24. FI	UNERAL DIRECTOR							REC'D. BY REGISTR			LURE	1
	NAME			da, Maryl		TT LIOIII	NO.	IV 1 71982	John	الما	FILL	~
		•He •	De CHG2	ua, Maryi	anu		116	7 Y -				

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.



and 2 should be filed within 72

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

2

2 9 5 3

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	O	
DECEASED NAME	Middl's	Con	SON		MONTH DAY	YEAR 2b. HOUR
Male	4. RACE White	5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER LYEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Nebraska	76 CITIZEN OF WHAT COUNTRY? $\mathbf{U}_{\mathbf{Y}}\mathbf{S}_{\mathbf{x}}\mathbf{A}_{\mathbf{x}}$	WIDOWE	D DIVORCED	P. BALTIMORE CITY O	OMER	
Silver Spring	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O	F WORKING LIFE)	76. KIND OF BUSINESS OF INDUSTRY Teacher
- 0	other institution of the residence before ity gomery Rockvill	'N I	13d. INSIDE CITY LIMITS? YES 🔏 NO 🗌	13e STREET ADDRESS 4711 Maco	n Road	20852
14 FATHER'S NAME FIRST Samuel	D. Goodso	n	15. MOTHER'S MAIDEN NAM Mary	L.		Apel
160 WAS DECEASED EVER IN U.S. AR/ (YES NO OR UNKNOWN) Yes (IF YES GIV	WED FORCES? 166 SOCIAL SECU WAR OF DATES) 521-12-09		17 INFORMANT Hazel M. Dop	1010 N. P Beatrice	16th Av Nebras	enue ka 68310
PART I. DEATH WAS CAUSE	E CAUSE (D) CAVAL	ac t	trrest	0 1		30 Minute
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE		cardial In	tavetion	1 50	16 hours
PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to </u>	DEATH BUT	NOT RELATED TO THE TERMI	nal disease or cone	DITION GIVEN	IN PART 1(0)
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO P		VERE FINDINGS USED IN GCAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEA	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.			ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	A .	211. LOCATION STREET	CITY OR TOV	vn 7	COUNTY STATE
22a I certify that (1) (this hospit sow the deceased at above (1) we) (did (did no	of attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19		d that in my (our) opinion d	eoth occurred on the do	k 30, 19 te and hour an	thou (we) los
77E S GNATURE	AT		DEGREE			22c. DIATE SIGNED

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has bee should be detached for use as the burial-transit permit, with the State Dept. of Health and Mental Hygiene prior

marked ar Hem 18 shor

IMPORTANT. If Item 21 is

23a BURIAL, CREMATION, REMOVAL 23b. DATE 12/4/82

Gilead Cemetery

22e ADDRES

Gilead

STAFF
PHYSICIAN

Nebraska

1331 Rockville Pike Rockville, Maryland 20852 DEC 6 1982

the contract of the contract o The second of th the second the second second second second The state of the s dente the car to the first to a court ment Chillips Land And And Andrews

ß.	1			
W	L	-		
-				
-	L			
	1	4	4	4

STATE OF MARYLAND

- 10						
Ö	2	2	9	6	3	J ₁ .
	DEC NO					

1.	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	9 6 3 5
	CEASED NAME FIRST SEORPRINT) JOSE	phine	J. Ge	vdan	20 DATE OF DEATH MONTH D	11932 3:10 A.
3. SE	Female	4. RACE white	5 DATE			FUNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
]	North Carolina	76. CITIZEN OF	MARRI WIDOW		Montgomery	DF DEATH MD.
	Bethesda	Beth	HOSPITAL, NURSING HOME CHEACHITY, GIVE STREET ADDRESS esda Health C a	re Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) retired cashier	12b. KIND OF BUSINESS OR INDUSTRY restaurant
13 ₀ V		gomery	Potomac	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e. STREET ADDRESS 12700 Glen Mill	Road
	ATHER'S NAME FIRST Ernest	WIDDLE	Gordon	Annie	MIDDLE E	Smith
	WAS DECEASED EVER IN U.S. A	IKMED FORCES?	579 07 4953	Lucille S. Sa	nders same as 13	e
	18 CAUSE OF DEATH lEnter of PART I. DEATH WAS CAUS IMMEDIA	only one couse per SED BY: ATE CAUSE (0)	Inefor (o), (b), and (c).)	N		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
5	Conditions, if ony, which gove rise to immediate	DUE TO, O	De Cubi To	s Ulcer		3 months
	couse (a), stating the underlying couse lost.	(c)	s a sonsequence of Severe	Rheumate		20 yr
NOIL					INAL DISEASE OR CONDITION GIVEN	N IN PART 110
CERTIFICATION	19a. DATE OF OPERATION		ITION FOR WHICH OPERATIO		YES NO YES	WERE FINDINGS USED NG CAUSES OF DEATH? NO
MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ER) P.	M. MONTH DAY YEAR M. 19	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM TS PAR	1 1 OR PART 2)
WED	21d INJURY OCCURRED	21e. PLACE		211 LOCATION	CITY OR TOWN	COUNTY STATE
	WHILE NOT WHILE AT WORK	(AT HOME, STI	REET, FACTORY, OFFICE, FARM, ETC.)	SIRCEI		
	22a 1 certify that (I) (this hosp sow the eccessed oliverabove (I)/(we) (did) aid n	oitol) ottended th	e deceosed from	and that in (my) (our) opinion (, to 100 /2 . 19 death occurred on the date and hour o	tho (1) (we) lost and from the couses stoted
	22a-1 certify that (I) (this hosp sow the eccessed oliver obove (I) (we) (did olid olid olid olid olid olid olid o	oitol) ottended th	e deceosed from	nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	, to 1900 /2 19 death occurred on the dote and hour o	
	22a 1 certify that (I) (this hosp sow the eccessed oliverabove (I)/(we) (did) aid n	ot ottended the state of the st	e deceosed from	DEGREE ATTENDING PHYSICIAN ADDRESS		22c. DATE SIGNED

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in Ity should be detached for use as the buriol-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

DHMH - 16 50M 1/B1 (VRA 15, 4)

Alexandria, Virginia

Cremation 11/12/82 Metropolitan Crematory

1331 Rockville Pike Rockville, Md. 20852

PATEREC D BY MEG STRAR SUBERISTRAR SUGGESTIVATED

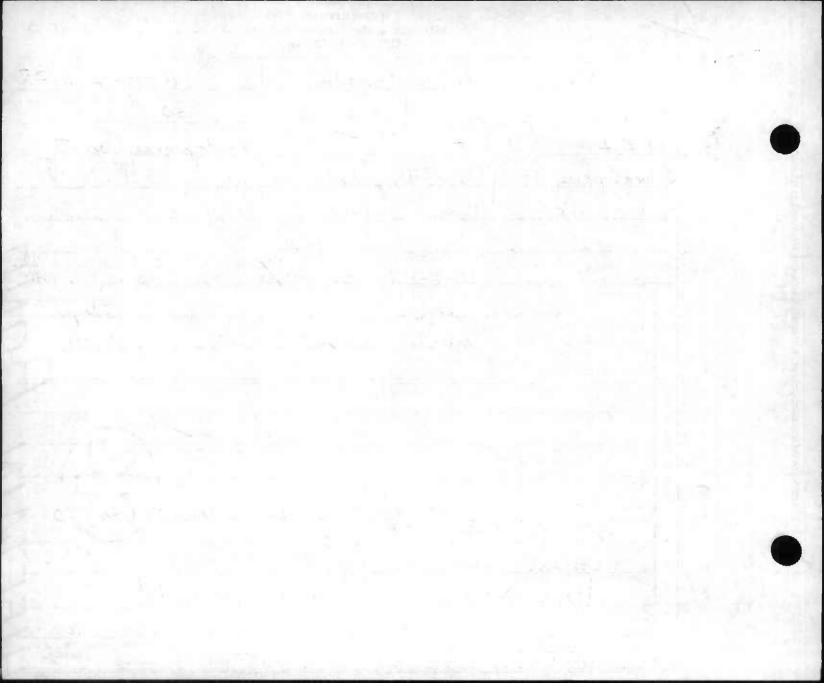
Barries Barries Barries I Sever Rhammatord Arthur to July

BP. DHMH - 16 50M 1. (VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	8	REG. N		2	9	0		3	Ó
LAST	2n [ATE OF	DEATH	MONTH	DAY	YE	AR	26	HOUR	

		STATE REGISTRAR			CERTIFICATE OF		REG. NO.	
	(TYPE	CEASED NAME ROE FIR	hel	Amanda	Gordo	20	DATE OF DEATH MONTH	-19-82 11:5
9	3. SE	emale_	4. RACE		5 DATE OF BIRTH	552 YEAR		IF UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS RS.
19	L	IRTHPLACE (STATE OR FOREIC	u.	S. A		R MARRIED	lontanne	Ry County
58	Si	OCCSORING	A HOU	OF HOSPITAL, NURSING SUFFICIENT, GIVE STREET A ROSS	LOSOItal	{TYP	JSUAL OCCUPATION OF WORK FOR MOST OF WORKII Aistered NW	
	Neu		county	ON GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Newburgh	YES X	CITY LIMITS? 130.	STREET ADDRESS 1 Mill Street	
58		ATHER'S NAME FIRST Alastair	C.	Parr	ě:	R'S MAIDEN NAME Sylvia	WIDDLE	Hanna
3	()	VAS DECEASED EVER IN U YES, NO OR UNKNOWN) (IF	I.S. ARMED FORCES YES, GIVE WAR OR DATES			Alastair C	r ADDRESS 20 . Parr W	001 Blueridge heaton, Md. 20
		18 CAUSE OF DEATH (ER PART I. DEATH WAS O	CAUSEÓ BY. NEDIATE CAUSE (a)		٥			approximate interview of the service
	7		ich (b), the DUE TO, (c)	OR AS A CONSEQUE	ME CANU NCE OF	numa of ce	DISEASE OR CONDITION	1 year
	TIFICATION	gove rise to immedia cause (a), stating t underlying cause la	ote (b), ote the DUE TO, (c). ANT CONDITIONS	METOSTA OR AS A CONSEQUE	NCE OF	ED TO THE TERMINAL	a AUTOPSY? 20b. IF	F YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH
2	CAL CERTIFICATION	gove rise to immedia cause (a), stating t underlying cause la PART 2 OTHER SIGNIFIC	ich (b), one (c). ANT CONDITIONS 196. CON RIG 216. TIME FOFDEATH HOUR	OR AS A CONSEQUENT CONTRIBUTING TO D	NCE OF EATH BUT NOT RELATION WAS PERFORMED THE PROPERTY OF TH	ED TO THE TERMINAL FORMED 20	a AUTOPSY? 20b. IF	F YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO
2	MEDICAL CERTIFICATION	gove rise to immedia cause (a), stating if underlying cause lo PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYIL OR CONTRIBUTING CAUSE	ich (b), ote the DUE TO, (c). ANT CONDITIONS 19b. CON 19b. CON 10c DEATH HOUR 21e. PLAC 14 HOME	OR AS A CONSEQUENT CONTRIBUTING TO DESCRIPTION FOR WHICH CONTRIBUTION FOR WHICH CONTRIBUTIO	NCE OF EATH BUT NOT RELATION WAS PERFORM Y YEAR 19 211 LOCAL	ED TO THE TERMINAL FORMED 20 YI INJURY OCCURRED (a AUTOPSY? ZOB. IF	F YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO
	EDICAL	gove rise to immedia cause (a), stating if underlying cause low part 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING COURTED CAUSE (IF EITHER, NOTIFY MEDICAL EX 21d. INJURY OCCURRED WHILE AT WORK NOTIFY WHILE AT WORK NOTIFY THE AT WORK NO	ich (b), ote the potential of the potent	OR AS A CONSEQUENT CONTRIBUTING TO DESCRIPTION FOR WHICH CONTRIBUTION FOR WHICH FACTORY, OFFICE, FACT	EATH BUT NOT RELATION WAS PERFORM Y YEAR 19 211 LOCAL STRI	ED TO THE TERMINAL FORMED 20 YI INJURY OCCURRED (a AUTOPSY? 206. IF	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO NO
	EDICAL	gove rise to immedia cause (a), stating if underlying cause lot part 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE (IF EITHER, NOTHY MEDICAL EX 21d. INJURY OCCURRED AT WORK NOTHING	ich of the order o	OR AS A CONSEQUENT CONTRIBUTING TO DESCRIPTION FOR WHICH CONTRIBUTION FOR WHICH FACTORY, OFFICE, FACT	EATH BUT NOT RELATION WAS PERFORM Y YEAR 19 211 LOCAL STRI	ED TO THE TERMINAL FORMED 20 YI INJURY OCCURRED (ION EET (our) apinion death ATTENDING ME PHYSICIAN ME PHYSICIAN ME PHYSICIAN	a AUTOPSY? 206. IF	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO COUNTY 19 (with the courses state of the course state)
7	WEDICAL	gove rise to immedia cause (a), stating if underlying cause lo PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIL OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EX 21d. INJURY OCCURRED WHILE NOTIFIE AT WORK 22b. SIGNATURE	ich (b), other both (c) ast (c). ANT CONDITIONS 19b. CON 19b. CON 19b. CON 19b. CON 21b. TIME HOUR (AT HOME. hospitol) attended (at HOME. (TYPE OR PRINT) (C) (C) (C) (C) (C) (C) (C) (OR AS A CONSEQUENT CONTRIBUTING TO DESCRIPTION FOR WHICH CONTRIBUTION FOR WHICH CONTRIBUTIO	EATH BUT NOT RELATION WAS PERFORMED TO THE PERFORMENT OF THE PERFO	ED TO THE TERMINAL FORMED 26 YH INJURY OCCURRED (TION TION TION TION TION TION ATTENDING ME PHYSICIAN ATTENDING ME PHYSICIAN TION TIO	a AUTOPSY? IS NO PART OF INJURY IN ITEM CITY OR TOWN occurred on the date and	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO COUNTY 19 (with the courses state of the course state)



the state of the second st and completely filled in by the funeral director ages I and 2 should be filed within 72 hours off

ury, a other troumotic event, the

MPORTANT, If them 21 is morked or them 18 affices only

TO FUNERAL DIRECTOR. Africand to use on with the State Dept. of Health

DHMH - 16 50M 1/81 (VRA 15, 4)

the other physician physician processing the safe remove corbon popers. Fig. 1. Cremotion, or removal.

ATTENDING PHYSICIAN The lo

TO HOSPITAL

	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLANI IEALTH AND MEI ICATE OF DEA	NTAL HYGI	ENE 8 2.	2	9 6	3 8
	I. DE	CEASED NAME	FIRST	^	NDDLE		AST		2a. DATE OF DEATH		DAY YEAR	26 HOUR
-1	1111		ade	B	ennett	(araske.	2.5		11 - 0	0 82	1230 M
	3. SE			RACE		5 DATE C		YEAR	6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
		Male		Wh	ite		5 11/8	389		93 YRS.		HOURS MIN.
4	7a BI	RTHPLACE (STATE OR F			VHAT COUNTRY?	8 MARRIE	D S NEVER MAR	RRIED -	BALTIMORE CITY			1 4 4-4
1		New Yor		U.S		WIDOWE	DIVOI	RCED 🗌	Mont	gomer	У	MD.
0		Olney	S	naron	OSPITAL, NURSIN	g Hor	ne	NOIT	Clerk-Be		hem St	eel Co.
3	130 3	AL RESIDENCE (IF NURSITATE)	NG HOME OR OTH	ER INSTITUTION	130. CITY OR TOW Pottst	N	13d. INSIDE CITY YES N	LIMITS?	13e STREET ADDRES	Char	lotte	St.
21	14 FA	THER'S NAME	. MIDI	DIE	LAST		15 MOTHER'S M		E MIDDLE			
			Unkno	۷n			Et				Crippe	r
2		VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU		17 INFORMANT			,		Springs
		yes	M	N I	178-03-	4558	Lucy J	. Gra	ves, 17	300 Q	uaker	La., Md.
		18 CAUSE OF DEATH PART I. DEATH W 4292 Canditions, if any,	AS CAUSED B IMMEDIATE C	AUSE (a)	AS A CONSEQUE	epy	Bren	silve 3	mark	A.4	1)	Care
		gave rise to imm cause (a), stating underlying cause	ediote	DUE TO, OR	AS A CONSEQUE	INTE OF	andre (11	Boen	×	3	an
	NOI	PART 2 OTHER SIGN	IFICANT CON	IDITIONS <u>CO</u>	ntributing to [DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CO	NDITION G	IVEN IN PAR 1	
2	CERTIFICATION	19a. DATE OF OPERAT	ION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORM	ED	YES NO	IN CERT	ES, WERE FIND II IFYING CAUSES 'ES	
1		21g. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME OF HOUR A.M P.A	A. MONTH DA	Y YEAR	21¢ HOW INJUR	RY OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURR WHILE NOT WHILE AT WORK AT WOR	LE 🗍	21e, PLACE C	OF INJURY ET FACTORY, OFFICE F	ARM ETC)	211 LOCATION STREET	03	CITY OR	TOWN	COUNTY	STATE
		22a.1 certify that (I) sow the decease abave, (I) (***** (d	d olive on	11/5	10%	, or	ad that in (my) (to	opinion de	, to	date and ho		that (h (e) last
,		22b. SIGNATURE	M	Jus	M	M	DEGREE ATTE	NDING SICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	22c DATE	SIGNED
		22d PHYSICAN'S NA	ME MYPE OR PR	NEW	EN		22e. ADDRESS	P	4 colin	(, y	I vey N	9 50835
	(URIAL, CREMATION, P Crematio	n	36. DATE 1 1 8	1 = - 1 =		incoln	Cem.	Brent	400¢,	Mary 1	andstate
	24 FL	16000 An	Beall napol	Fune is Rd	ral Hom ., Bowi		aryland	250. DATE	REC B BY RE1982	R 25b. REG 19	CRAP'S SHA	ALCON TO THE PARTY OF THE PARTY

They She on this in the ing feeds and but my and of the X PROJECTION A SECTION OF in a Million of the contract of the es in a large of the second of the trought of the second state of the second ALESSO HER PROPERTY OF THE STREET man lonem , wind , and ziloc man di

executed within 24 hours ofter death. Page 4 may be

	1-	FOR STATE REGISTRAR		DEPARTM	ENT OF HEA	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	2 9	6 3	9
		CEASED NAME FIRST OR PRINT) MARCH	RET	AIDDLE .	GRA	AY	20. DATE OF DEATH MOR	8, 1982	YEAR 26. HOL	PM
	3. SEX	Fomalo	4. RACE	-	S. DATE OF	30, 1905	6. AGE (IN YEARS LAST BIRTHDA	YRS.	DAYS HOURS	MIN.
5	С	RTHPLACE (STATE ORFOREIGN OUNTRY) Maryland	U.S.	A.	WIDOWED	NEVER MARRIED DIVORCED DOTHER INSTITUTION	Montgome	ery	(IND OF BUSINI	MD.
8	S	TY OR TOWN OF DEATH SILVER Spring ALRESIDENCE HE NURSING HO.	(IF NOT IN SUC	HEACHTY CIVE STEET	oss Ho	spital	Sect.	ORKING LIFE) INDL	v. of M	
5	13a. S Ma	TATE 13b. C	ontgomery	Silver S	pring	3d. INSIDE CITY LIMITS? YES NO	138. STREET ADDRESS 2301 Starcres	st Dr.,	20904	
00	16a. W	FIRST Tohn VAS DECEASED EVER IN U.S	MIDDLE Calvin ARMED FORCES? ES, GIVE WAR OR DATES)	McCaha	n	FIRST Maude 7. INFORMANT	MIDDLE L. ADDRESS	Ru	ıst	
		N/A 18 CAUSE OF DEATH (Ent PART). DEATH WAS CAUSE OF DEATH WAS CAUSED OF DEATH WAS C	AUSED BY: EDIATE CAUSE (0)	Their	NONIZ	Patricia E.	Glock-dau-	BE	approximate inter tween onset and 1-2 day	
		Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying couse los	h (b)	R AS A CONSEQUE R AS A CONSEQUE Arter ios	NCE OF	Failure Heart Ds	ease		1-2 da Years	45
	IFICATION	PART 2. OTHER SIGNIFICA Se n 19a. DATE OF OPERATION	ilety	ONTRIBUTING TO E			20a, AUTOPSY? 21	OD GIVEN IN P.	FINDINGS USE	D TH?
7	CERT	21g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A.	FINJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	YES 🗌	NO [
	MEDICAL	21d. INJURY OCCURRED WHILE OT WHILE AT WORK	21e. PLACE	2 2 22 2	ARM, ETC)	21f. LOCATION STREET	CITY OR TOWN	cou		STATE
		22a. I certify that (I) (Nis saw the deceased alive above, (I) (we) (did) (d	ve on	- 5 19 8			death occurred on the date	and hour and fro		loted
		226. SIGNATURE	5		/		MEDICAL STAFF DIRECTOR PHYSICIAN		1-8-82	
1		POBELL		M.D.		220. ADDRESS 11161 New H	supshive Are	Siher Sp	ring. 1	ud
	1	BURIAL, CREMATION, REMO SPECIFY) Rurial				metery or crematory aven Cemeter	y Glen Burni	e	Md.	STATE

1982 Glen Haven Cemetery

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/B2

BP.

Burial 24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the fune should be detached far use as the burial-transit permit. Then please remove carbonopopers. Pages 1 and 2 should be filled within 7 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If them 21 is marked or them 18 shows ony injury, or other troumotic event, the medical examine must be partitled

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the haspital or attending physicia

(VRA 15, 4)

1 - 1	Res	3	March 1	734.0	
	- F	Ec. 1 .01		Rive	
		10	19.		bureyast
iv. to whill	.5563	Lastiqu	noily those hor		higt raville
1 PF 20904	2301 Flarence	and A	Stlver Spring		
Rout			44.51		not
emma au 12c)) _unb-dools .3	Pairtela	215-32-5729 A		
			OF HUMAN		
		1			
			49.		
47.00	STIERUR REED ST		1884 - 137 748	f cours	SATUR

1 -	1	
0.6	1 - STATE	
10	- STATE	
10	DOC HARAD	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	2	0	E	1	
6.	2.	7	0	Gray .	
1000	00.00	•	_		

ALCO THAN			REG. NO.	
DECEASED NAME PROTECTION OF PRINTING	Meori /	91	26 DATE OF DEATH WONTH	D41 1144 26 HOUR
Colombia M. Mary	RACE ALLOW	S. DATE OF BIRTH	6 AGE (STRASSARLENTROAT)	F LINES I YEAR OF LINES (1 HAS
Semele	white,	May 19,189	7 85	ADMINI DAYS HOURS MAN
CONTROL OF THE CONTRO	CITIZEN OF WHAT COUNTR	MARKIED NEVER MARKE	O O O OALTIMORE CITY OR COL	NTY OF DEATH
CHYCRICAN OF BEATH	NAME OF HOSPITAL NUR	WIDOWED DIVORCES	1 4 6 6 16 66	224 M
Sakenia tark a	behudrell	the test of the shit	1 Retired	Tell Surt
SUAL RESIDENCE IN SPENSING HOME ON OTHE	THE WORLD	OWN T THE INSIDECT OF	USS THE ADDRESS AT	O'
Navyleud Mariba	meny Sulsh	rug VES IN NO	813 tallou	Thrus
Millian Suis	Il Puel	E/S	EN NAME	m -7-0
. WAS DECEASED EVER IN U.S. ARME		CURITY NO. 17 INFORMANT	ADDRESS	EMORIOSURE VILLE
NO CHIEL GIVE W	577-60	1-0925 Ethelh	. Tord	above)
PART I DEATH WAS CAUSED 8		% le		BETWEEN CHIEFT AND DEATH
505 MARDIATE C	AUSE INT.	SOUTH AND A		D min
Conditions, if any, which	DUE TO ORASA CONSE	Tence of		4 1000
gave rise to immediate couse to stating the underlying couse lost	DUE TO, OIL CACONSEC	DUENCE OF Reval Fa	Thre,	2 weeks
PART 2 OTHER SIGNIFICANT COM	NOITIONS CONTRIBUTING T	ODEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDITION	GIVEN IN PART I (a) Zwk
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY 20b. II	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121c HOW INJURY O	CCURRED (ENTER NATURE OF INJURY IN ITEA	YES NO
	HOUR A.M. MONTH	DAY YEAR	TENER MAINTENANCE OF THE STATE	. 10 / 31/ / 54/ 41/ 2/
21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK				
220 I certify that (I) (this hospital) saw the deceased alive on	11/21/82 10		pinian death accurred an the date and	, 19, that (I) (me) la
abave, (1) (and (did) (did of) v 22b. SIGNATURE	iew the body after death.	DEGREE		22¢ DATE SIGNED
1 cosent	0	ATTEND PHYSIC		11/21/12
DIBIANCO,	ROBERT	WASH.	ADV. HOSP.	
	11/24/14do	L NAME OF CEMETERY OF CREMA	THE LOCATION	Company to 1970

NOV 2 4 1982

DHMH - 16 50M 1/B1 (VRA 15, 4)

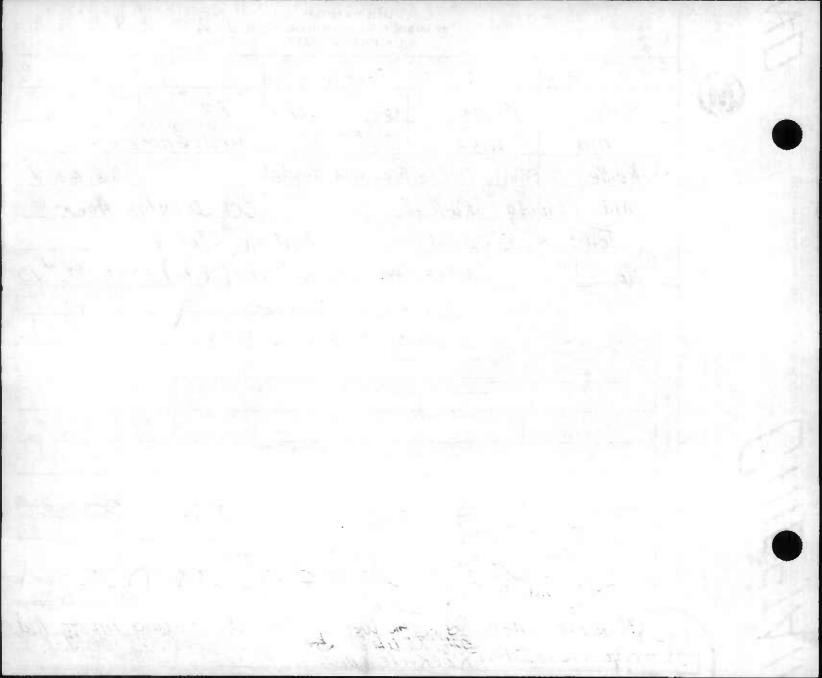
rising physican and completely filled in by the carbonappers. Pages 1 and 2 should be filled wi

ID FUNERAL DIRECTOR: After this certificate has been signed by the attending plyrican hould be detached for use as the burial-transit permit. Then plicate remains certifications in the State Dept. of Health and Mental Hygiene prior to burial. Committees, ceremoval MAPORTANT: If them 21 is marked at them 18 shows any injury, or other transmittees are

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

with the plant the time of the statement Expected reasoning a letter to the first in the things Mindered Military States of States o The second of th

	L	FOR - STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.
E.		CEASED NAME FIRST	MIDDLE	Green	20. DATE OF DEATH MONTH DAY YEAR 26. HO
9	3. SE		Black	5. DATE OF BIRTH MONTH DAY 1909	6. AGE (INYEARS LAST BIRTHDAY) IF UNDER LYEAR IF LINDER MONTHS BAYS HOURS
34		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED M NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY
1 185	10. C	ockulle		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 120. KIND OF BUSIN INDUSTRY
function of the second of the	13a.	AL RESIDENCE (IF NURSING HOME OR TATE Md. 136. COUNTY)	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		130. STREET ADDRESS GOS DOUG/45 Ave
ond 2 st	14. F/	THER'S NAME FIRST OHN A	MIDDLE GREEN	15. MOTHER'S MAIDEN NA.	An MOORE, LAST
Poges 1		VAS DECEASED EVER IN U.S. AR YES, NO OPTUNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECULAR OR DATES) 217-03-3	17 INFORMANT GY	GEN (Wife) SAME AS
n signed by the ottendin Then pless remove corb r to bural, cremotion, or injury, or other troumotic	NOI	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUIDE TO, OR AS A CONSEQUIDE TO, OR AS A CONSEQUIDE CONDITIONS CONTRIBUTING TO	ence of	MINAL DISEASE OR CONDITION GIVEN IN PART 110
te hos been sit permit. I giene prior shows ony ii	CERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USI THE CERTIFYING CAUSES OF DEA YES NO
buriol-tronsi Mentol Hygor tem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
s the s ond	MEDICAL	21d. INJURY OCCURRED WHILE OCT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TOWN COUNTY
CTOR: Afi		sow the deceased alive on	tol) ottended the decised from 19	ond that in (my) (our) opinion	deoth occurred on the date and hour and from the causes s
RAL DIRE detoched total Dept		27b. SIGNATURE	Ich		DIRECTOR PHYSICIAN
should be deto with the Stote I		22d. PHYS	INSKYL	270 AODRESS	eer PK Dr Gzith
F 8 3 5		BURIAL CREMATION, DEMOVAL	11-16-82 Jo	HN WESTERY OF CREMATORY	. Clarksburg Monta
16 50M 4/B2 A 15, 4)	24 6	NERAL DIRECTOR P. SILO	wden 2Hank	WASh. 57. 250 DAT	TE REC'D. BY REGISTRAR OF REGISTRAR SIGNATURE



meter, page 3

may be

	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 9 6 4 2 CERTIFICATE OF DEATH REG. NO.				
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR	
	2 55	/4/1 CC	4. RACE 5. DATE	NN 62	6. AGE (IN YEARS LAST BIRTHDAY)	14-82 5:15AM	
	F	emale	white 5	White 5-22-1891		MONTHS DAYS HOURS MIN.	
35	70. B	IRTHPLACE (STATEOR FOREIGN	O. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED		Montgoon ery MO		
J. J. C.	B	et hes da	111. NAME OF HOSPITAL, NURSING HOME (LENOT INSUCH FACILITY, GIVE STREET ADDRESS)	or other institution	120. USUAL OCCUPATION THE OF WORK FOR MOST OF WORKING L	IN KIND OF BUSINESS OR INDUSTRY	
35		AL RESIDENCE (IF NURSING HOME O STATE 136, COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION NTY 13 CITY OF TOWN		130. STREET ADDRESS BRA	whow Way Rd	
/somine	6	THER'S NAME FIRST FOLGS, B	MIDDLE VEGEL	15. MOTHER'S MAIDEN NAM	NE MIDDLE	LINAST SAG	
medical		WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SECURITY NO. 2 16-07-892	17. INFORMANT	RGARet SA	Nodees SAM	
traumatic event, th		PART I. DEATH WAS CAUSI	nly ane cause per line far (a), (b), and (c).) ED BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b)	ive HeA	PAT FAILUS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WINDOW SLARS	
iry, or other	7	cause (a), stating the underlying cause last.	DUE TO, OR AS COMPEDIENCE OF	10 SA OR	T/ NAL DISEASE OR CONDITION GI	VEN IN PART Ita	
nilui Kuo smo	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	DN WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\begin{array}{cccccccccccccccccccccccccccccccccccc	
18 sh	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUNUIN ITEM 18	PART 1 OR PART 2)	
rkedor	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE	
21 is mo		saw the deceased plive pr	ital) attended the deceased #pm	and that in (my) (our) opinion d	toeath accurred on the date and had	9 , that (1) (worldst ur and from the causes stated	
II. If hem		22b. SIGNATURE	mod m.	ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	11/2 X/ X 2	
MPORTANI		THOS CO.	WARD 6116 B.	BINNOD	Bithoson	on 5081	
3	23a. I	BURIAL, CREMATION, REMOVAL	11-24-82 Lee C	YOMATOVIUM	23d LOCATION WAShing	LOUNTY D. CTATE	
	HOP	ALDIRECTOR A	TO THE ALLUM	254,57 250. DATE	REC'D. BY REGISTRAR 256. BEGIS	TRAR'S SIGNATURE	

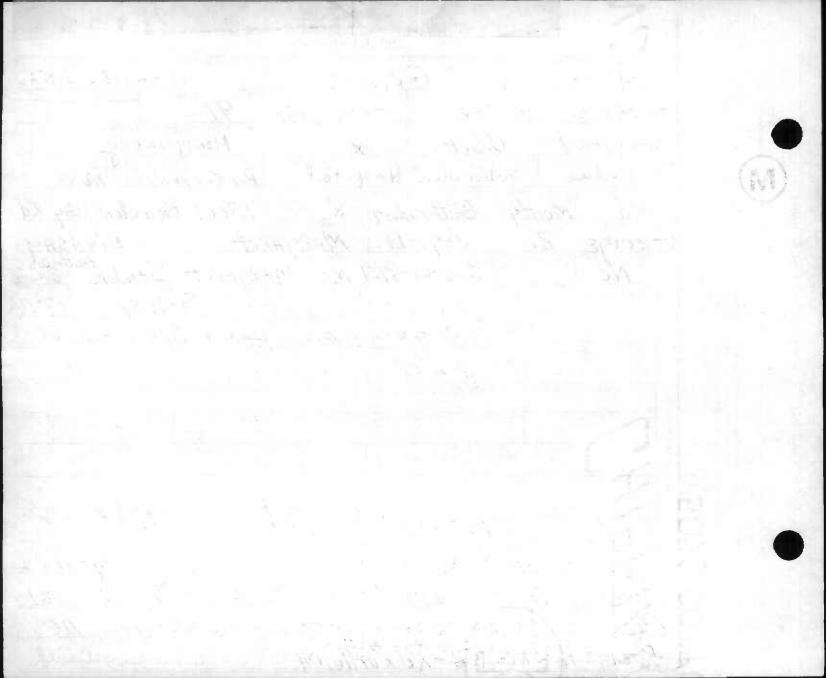
DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2% with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

retained by the haspital or attending physician.



	STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	DEASED NAME FIRST MIDDLE CAST 20. DATE OF DEATH MONTH DAY YEAR 20. HOUR OR PRINT! Norman C. Grimmel 11 26 82 855 P.
3. S	male white 6 124 58 yrs. MONTHS DATS HOURS MIN.
W:	RITHPLACE (STATE OR FOREIGN ON D.C. 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED PROPERTY OF COUNTY OF DEATH WIDOWED DIVORCED MOINT OF DEATH MARRIED
# 70 1	17 OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREIT NODRESS) SUBJECT San Hospital 120. USUAL OCCUPATION (ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SUBJECT San Hospital 121. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SUBJECT San Hospital 122. USUAL OCCUPATION (ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY WHICH IS THE MACHINE REPORT WHICH IS THE MENT OF MOST OF WORKING LIFE) INDUSTRY WHICH IS THE MENT OF MOST OF WORKING LIFE INDUSTRY WHICH IS THE MENT OF MOST OF WORKING LIFE INDUSTRY WHICH IS THE MENT OF MOST OF WORKING LIFE INDUSTRY WHICH IS THE MENT OF MOST OF WORKING LIFE INDUSTRY WHICH IS THE MENT OF MOST OF WORKING LIFE INDUSTRY WHICH IS THE MENT OF MOST OF WORKING LIFE INDUSTRY WHICH IS THE MENT OF MOST OF WORKING LIFE INDUSTRY WHICH IS THE MENT OF MOST OF WORKING LIFE INDUSTRY WHICH IS THE MENT OF MOST OF WORKING LIFE INDUSTRY WHICH IS THE MENT OF MOST OF WORKING LIFE INDUSTRY WHICH IS THE MENT OF MOST OF WORKING LIFE INDUSTRY WHICH IS THE MENT OF MOST OF WORKING LIFE INDUSTRY WHICH IS THE MENT OF MOST OF WORKING LIFE INDUSTRY WHICH IS THE MENT OF MOST OF WORKING LIFE INDUSTRY WHICH IS THE MENT OF MOST OF WORKING LIFE INDUSTRY WHICH IS THE MENT OF MOST OF WORK OF WO
130	LL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) TATE 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS 125 Dival Lane
53	Norman H. Grimmel Ina Peter Peter
e medic	ADDRESS 16 SOCIAL SECURITY NO. 17 INFORMANT 18 NO OR UNKNOWN) 18 (18 YES, GIVE WAR OR DAIES) 1941-1945 1578-38-3234 18 Sidney E. Grimmel (Brother) 1941-1945 1578-38-3234 18 Nelsonia, Va. 23414
to buriol, cremotion, or removol. ijury, or other troumotic event, th	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: 16 29 IMMEDIATE CAUSE (a) Cardiovas Culor collapse DUE TO, OR AS A CONSEQUENCE OF the right lung, widely metastatic 7 Weeks over rise to immediate cause (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)
8 shows ony injur	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
is morked or frem 18 show	216. ACCIDENT WAS UNDERLYING COUNTY
Hem 21 is	220. I certify the (1) (this hospital) attended the deceased from 19 82, to 19 24, that (1) (we) lost saw the deceased alive an 26 19 82, and that in (m) (our) opinion death accurred on the date and hour and from the causes stated above. (1) (we) (did) (3)
IMPORTANT:	CAROL W. GARVEY M.D. 11510 Old Georgetown Road, Rockville, Md
_ [730	URIAL, CREMATION, REMOVAL 23b. DATE 19 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE CHEST
2/80	NERAL DIROGERT A. Pumphrey Funeral Homes, P.A. Rockville, Maryland ADDRESS P.A. DEC 1-1882

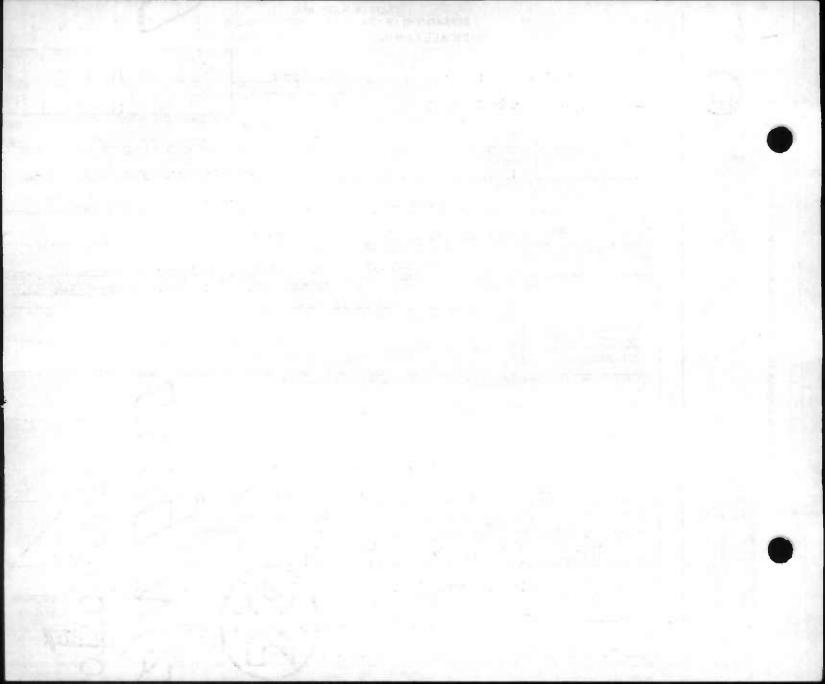
	. Se		FOR STATE REGISTRAR		STATE OF A TMENT OF HEALTH LEXAMINER'S (AND MENTAL HY	DEATH REG	2 9 s. No.	ó	4	4
	P.S. ES. ET,		OF OR OBJUST	LIBBIE	Gl	ROCE	20. DATE KNOWN OF ESTI- DEATH MATED	A	1.26	9 OF	100
	PR. PLEASE RECTOR. R. FILES. HOURS STREET,	3. SE	FW	S. DATE OF BIRTH MONTH DAY WEAR 15. DATE OF BIRTH YEAR 16. 12 16. 16. 16. 16. 16. 16. 16. 16. 16. 16.	6. AGE (IN YEARS IF UN LAST BIRTHDAY) MONT YRS.		4 HRS. 2c. DATE MIN. PRONOUNCED DEAD	OV.	6	9 F2	1982
)	100	иIC	IRTHPLACE (STATE OR DREIGN COUNTRY) HIGAN	USA	MARR	IED NEVER MARRIE		on coun	550	ma	2 / /m
	PAGE 201		Si Pe	14014	E STREEMADDRESS)	HER INSTITUTION	120. USUAL OCCUPATION FOR MOST OF WORKING LIFE) Housewife	(TYPE OF WORK	ORI	nor bus noustr home	Y
.21201	ANN BELANDS	13a S	AL RESIDENCE (IF IN NUMBER) AS	OR OTHER INSTITUTION, GIVE RESIDEN TY 13c. CI	THOR TOWN	13d. INSIDE CITY LIMITS? YES NO-EX	13e STREET ADDRESS	rku	1210	61	Iv.
DRE, MD	DEATH OF AND SAND		ATHER'S NAME FIRST Jeremiah		earce	15. MOTHER'S MAIDEN	MIDDLE		Phil	isi lips	3
BALTIMORE,	JRS AFTER 3. GIVE PAINTH FOR IT. PAGES 1 DIVISION	16a. \ {Y	NAS DECEASED EVER IN U.S. AR/ res, no. or unknown) (18 yes, give		0CIAL SECURITY NO. -68-9537	Gearldine	Wilson-daugh		ame a	s 13	Be)
	L K K K K	7	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSEI		(b), ond (c).)	c Myo	cardiel	Dis	BETWE	ROXIMATE EN ONSET	INTERVAL AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	WITHIN 24 I FENCIL IN ITE/ MINER ALON TRANSIT PER TRANSIT PER ENTAL HYGIE		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CO	neveli	zidAv	beriore	lero	str	Y	rj
S, 201 W			couse (a) stoting the <u>under</u> lying cause last.	DUE TO, OR AS A CO							
ECORD	BE EXECUTE ENDING" IN I MEDICAL EXA AS A BURIAL AITH AND MI CREMATION,	NOL	PART 2 OTHER SIGNIFICANT CONDITIONS	loubot	hed		1 (a).				
VITAL R	SHOULD BE ENORD "PENDIN CHIEF MEDIC BE USED AS A INT OF HEALTH. BURIAL, CREM	TIFICA	190. DATE OF OPERATION	re -	R WHICH OPERATION W				YE	S 🗆	NOT
ONO	G THE W TO THE HOULD IOR TO	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH 9 P.M. //	H DAY YEAR 1922	Fell	owb of	bed	ART 2)		
DIVIS	E, WRITING WARDED PAGE 3 SI STATE DEP	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUE STREET, FACTORY, FARM		exertion street	h, RLSI	1. Sa	OUNTY M	070	1 M
	CERTIFICATE, ULD BE FORV L DIRECTOR: F. WITH THE ST. WARYLAND.		22a. I certify that I took charg		bove, held on Autop	sy , Inspection	Undetermined monner	and in mile	pinion		
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT POGG 4 SHOULD BE FOR TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BATTIMORE, MARYLAND		ACTUAL SIGNATURE	8.1	- 12 M	TITLE (SPECIFY)	MEDICAL EXAMINER	DATE	1/00	1.20	1171
	MEDIC ECUTE T GGE 4 SI FUNE TER DE		EXAMPLEY'S NAME (TWE OR PRINT)	John S. Rogers	, DME	ADDRESS Silv	er Spring, M	[arylan	d	* * *** F ***	
	BP	B	URIAL, CREMATION, REMOVAL 2 SPECHY) Urial	12/ 3/82 23G	Crand Law	n Cemeter					TE
	DHMH - 17	24 F	UNERAL DIRECTOR	1 1 2 0 0 г м н	ATTO S S N	250. DATE RE	C'D. BY REGISTRAR 256	REGISTRAR'S	SIGNATU	RE	

DHMH - 17 (VR A15 ME (5)) 20M 4/82

DEC 1=1982 John & Coming

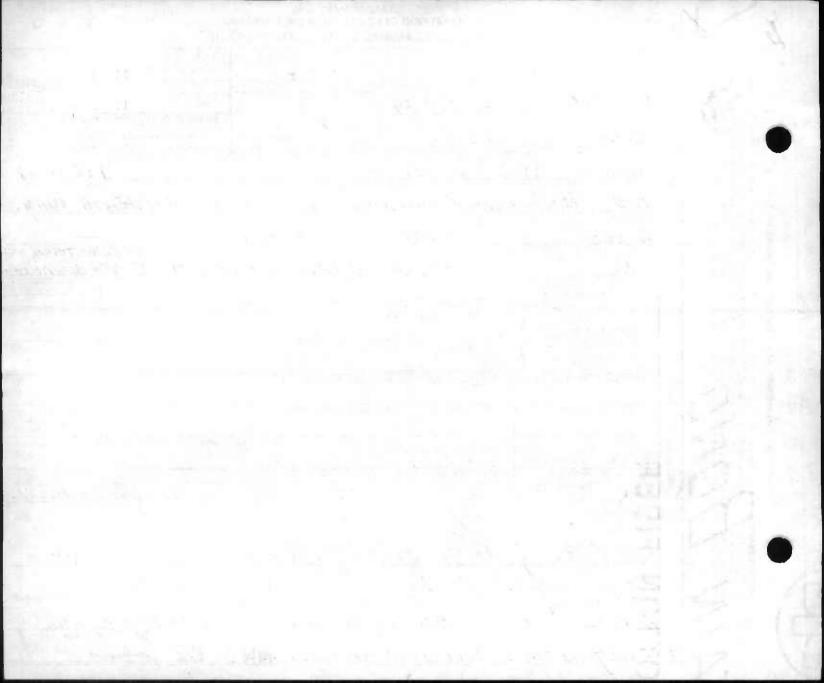
4	6	1-	FOR STATE			EPARTMENT OF	HEALTH	MARYLAND HAND MENTAL H CERTIFICATE O	V 60	2	9	6 4	5
	1		REGISTRAR CEASED NAME	FIRST		MIDDLE	VER 3	LAST	20. DATE	REG. NO.	HIMOM	DAY YEA	R 2b. HOUR
	Digital Control	(TYP	E OR PRINT)	enjamin		F.	- 1	Hailstorks	OF DEATH	MATED X	11	1 19 82	> \
		3. SE)		ro Sept	17,	6. AGE (IN Y LAST BIRTHI 1939 43	EARS IF UN	NDER TYR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUN DEAD	NCED	MONTH	3 1982	7 · 1
	S NECESSA FUNERAL 5 FOR Y W. PRESI	7a. 81	RTHPLACE (STATE OR REIGN COUNTRY) D. C.	76. CITIZE		T COUNTRY?		IED NEVER MARRI	ED :	COMP TV		OF DEATH	
	PAGE 5 PAGE 5 BE FILED, DS, 201 W	10. ⊂	TY OR TOWN OF DEATH Germantown	(IF NOT	IN SUCH FACIL	TAL, NURSING HOM LITY, GIVE STREET ADDRESS! Den Hearth)	HER INSTITUTION	IZa USUAL OCCUI FOR MOST OF WOR Supervise	RKING LIFE)		OR INDU	STRY
1201	I. IF ANY DELAY IS NE. 2, AND 3 TO THE FUN. 3, RETAIN PAGE 5 F. 35 SHOULD BE FILED. AL RECORDS, 201 W. I.		L RESIDENCE (IF IN NURSI	NG HOME OR OTHER INSTI	TUTION, GIVE	RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Germanton	SION)	134 INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRE			٠,	None
E, MD.	PM 3. IND 2 SH VITAL	14. FA	THER'S NAME njamin	Franklin	Hail	storks, I		15. MOTHER'S MAIDE	N NAME	IDDIE	King	LAST	
TIMOR	PAGE FORM ONO	16a. V	VAS DECEASED EVER IN		S?	166. SOCIAL SECURI	TY NO.	17. INFORMANT		ADDRESS			
BAL	JRS AF S. GIVE WITH PAG DIVISION		18 CAUSE OF DEATH			230-46-20)57	Ms. Murie	1 H. Hail 203 58th	storks	Trus	tee o	£
CORDS, 201 W. PRESTO	BE EXECUTED WITHIN 2- JOING", IN PENCIL IN IT EDICAL EXAMINER ALC S. A BURIAL - TRANSIT P I.TH AND MENTAL HYG REMATION, OR REMOV	N	Canditians, if any gave rise to im cause (a) stating the lying cause last. PART 2 DTHER SIGNIFICANT CO	, which imediate e under- (I	b) ETO, OR AS	S A CONSEQUENCE S A CONSEQUENCE T NOT RELATED TO THE TER	OF	E OR CONDITION GIVEN IN PAI	RT T (a).				
OF VITAL RECORDS,	E WORD "PEN E WORD "PEN THE CHIEF M ID BE USED A WENT OF HEA TO BURIAL, CI	CERTIFICATION	19a DATE OF OPERATION	ON 196.	CONDITIC	ON FOR WHICH OPE	RATION W	/AS PERFORMED?				PHEADS	
DIVISION OF	INTERIOR IS A SHOULD BE SHOULD BE SHOULD BE SHOULD BE SHOULD BE SHOWN TO BE SH	MEDICAL CER	210. EXTERNAL CAUSE UNDERLYING AND CONTRIBUTING CA 21d INJURY OCCURRED	USE OF DEATH	? P.M.	NJURY MONTH DAY YEA 1 19 { INJURY (ATHOME.	R 32 Se	ow injury occurre		URY IN ITEM 18 PAR	T I OR PART 2	?)	
DIVE	WRITIN WARDED WARDED WAGE 3 PAGE 2 TATE DEI	MEC	WHILE NOT WE AT WORK		TREET, FACTOR	RY, FARM, ETC.)	130	075 Open He	earth Way,	~~ Germar	town	, Mon	t., Md
	TO MEDICAL EXAMNER: EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND,		22a. I certify that I to death resulted from:	ak charge af the ren Natural causes	$\neg / /$		vicide X		Undetermined mo	onner ,	n my apin DATE SIGNED.	11/7	/82
	EXECUTE THE PAGE 4 SH TO FUNER AFTER DEATHWORE	-	EXAMINER'S NAME (TYPE OR PRINT)	Dennis	F. Sm	yth, M.D.			i Penn St		1+0.,		
	BA SA		URIAL, CREMATION, REM PECIFY) Burial	11-9-	82	23c. NAME OF CE		1 Mem Pk	23d. LOCATION CITY OR TOWN	rel.	COUNTY	Md	STATE
	DHMH - 17 (VR A 15 ME (5))	24. F	JNERAL DIRECTOR John T. Rhi	ines Co.,3	BO15			25a. DATE F	REC'D. BY REGISTRA	R 256 EGISTI	RAR'S SIG	Came	4

DHMH - 17 (VR A15 ME (5)) 20M 4/82



20M 4/B2

STATE OF MARYLAND



120
40 2
3
MARYL
BALTIMORE
BA
1ST
ESTO
PREST
3
201
RECORDS,
¥.
VII.
202
IVISION

		FOR STATE REGISTRAR			CERTIFI	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	REG. N	-	9 6	4
		CEASED NAME FIRST		MIDDLE	LA.		20.07.112 01.02.1111	MONTH DA	Y YEAR	2b. HOUR
	0.00	WESLE	I4 RACE	J.	HA.	LES	11/16/82	TARAM IS	UNDER 1 YEAR	6:20
	3. SEX	Male	White		MONTH	DAY YEAR		MQ.	INTHS DAYS	HOURS 1
35	76. B	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland		WHAT COUNTRY?	Aug. 8 MARRIED WIDOWEL	□ NEVER MARRIED □	9. BALTIMORE CITY Of Ontgomer		OF DEATH	
90	Be	ty or town of DEATH	Bethe:	sda Health	HOME OF	OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST C Estimator	F WORKING LIFE	12b. KIND O INDUSTRY Trans	
35	13a. S Md	20895 Mo	me or other institution OUNTY ntgomery	GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Kensingt		13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 11121 Lux	d Pla	ice	
52	14. FA	THER'S NAME FIRST Landy	WIDDLE	Hales		15. MOTHER'S MAIDEN NA Fannie	WIDDLE		thicun	
тефісо		(AS DECEASED EVER IN U.S ES, NO OR UNKNOWN) (IF YE	S. ARMED FORCES?	577-07-10	30000	17. INFORMANT Raymond L.	Hales Same	as it		MATE INTER
y injury, or other traumo	MION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICA	the (b) DUE TO, OI	R AS A CONSEQUEN R AS A CONSEQUEN DITRIBUTING TO DI TION FOR WHICH C	NCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON		VERE FINDIN	
grows on	CERTIFICATION				PERATION		YES NO	IN CERTIFYI	NG CAUSES	
hem 18 3	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C (IF EITHER, NOTIFY MEDICAL EXA-	MINER) HOUR A.	M. MONTH DA' M.	Y YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	IRY IN ITEM 18. PAR	T 1 OR PART 2)	
orked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE ((AT HOME STR	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC]	211. LOCATION STREET	CITY OR TO	la.	COUNTY	S
n 21 is mo		22a.1 certify that (1) (this to sow the deceased alive above, (1) (we) (did) (di				d that in (my) (our) opinion	death occurred an the d	ate and hour o	and from the	
# # He		22b. SIGNATURE		C: 4	C	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22c. DATE	SIGNED 16/f
IMPORTANT:		22d. PHYSICIAN'S NAME (1		KAEUL	иэ	7425 all	rigton La	Belle	u Da	Mo
≤		URIAL, CREMATION, REMO SPECIFY) Burial	11/20/	1982 Par	klaw	METERY OR CREMATORY Memorial Pa	rk Cem.	Rockvi	ile M	mil
/B2	24. FU	NERAL DIRECTOR Jose NAME 5130 Wi	ph Gawler'sc. Ave.,			250. PA	5 V 2 2 1982 A	25h ANG ISTA	AR SUIGNAT	URE

PROPERTY OF STREET

6:200	30/08/85			• 0	
	5	73r r.	II.	eti.	12.0
	Anno o mo.,	2.35		.A.E.U911.44	m Fr
.dv gAlemer		6. 3.1 \ (14)	or Hole II i	40124	abtaiffall.
our fe	11121 - und		rongimeton	transportack	8080s .kv
inthiblicum		elmas.	oe.Cell		yhnd
ites 17.	an epc) autob	.I brows	7701-77		0.

ocierile, di

VOIDED DEATH CERTIFICATE #82-29648

NAME:

Flora L. Hall

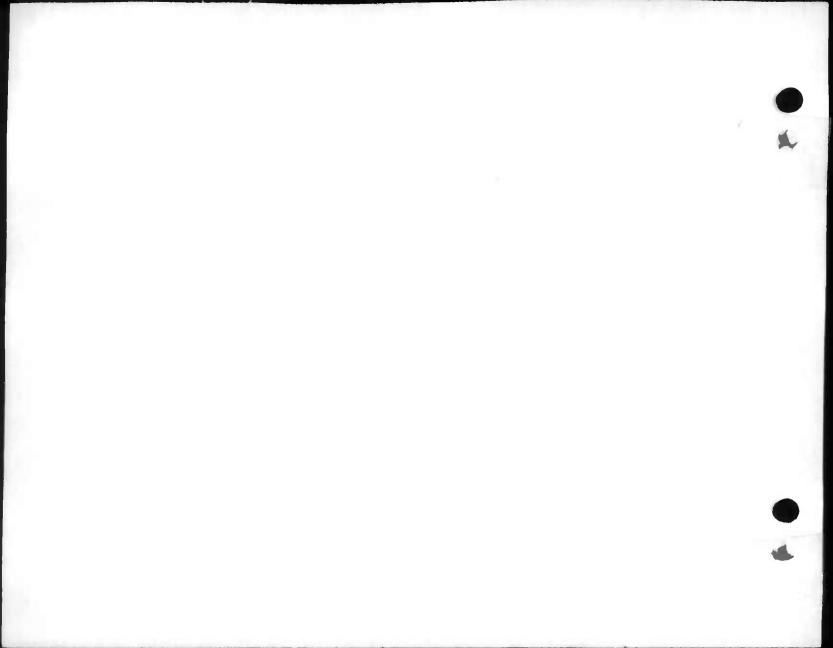
DATE OF DEATH:

12/8/82

PLACE OF DEATH: Montgomery County

SEE:

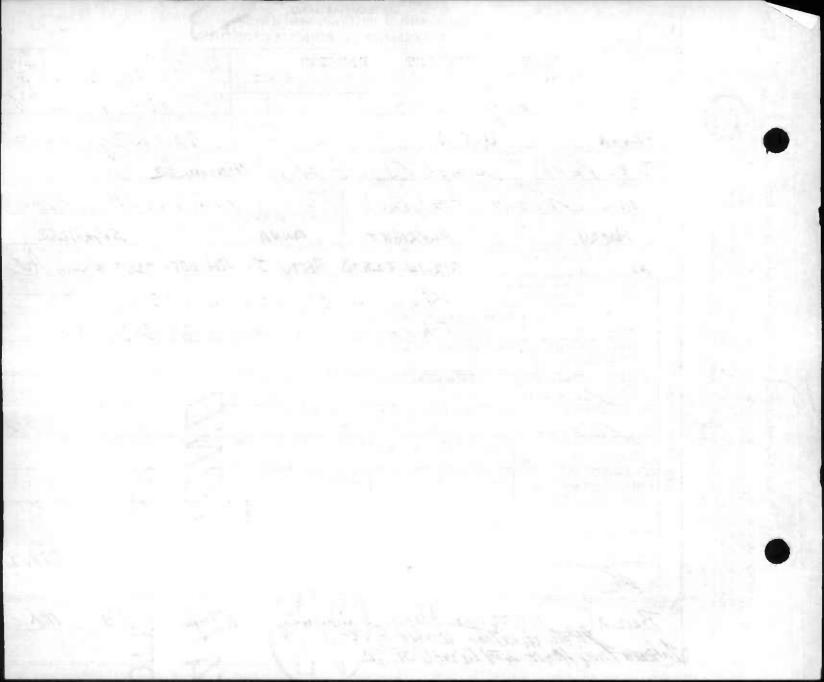
December, 1982 drawer



20M 4/82

The state of the s a worth a 2 be at the same of the same of At I that when you want is not sometimed. That is some Sanger war out to the sange of the standard of the sanger of the sanger

1			FOR					ARYLAND	HYGIENE .	>	2 9	6	13	0
BK.			STATE REGISTRAR		ME	DICAL EXAM	INER'S C	ERTIFICATE	OF DEATH	REG.				
	R 85 55 8 F.		CEASED NAME E OR PRINT)	HACK	ns, MA	ARGARET MCS · Ma	HAI	RKINS	0	TE KNOWN. F ESTI- TH MATED	Way	1/9.19	F2	44P
Town.	PLEAGE FILES. OURS IREET,	3. SE)	E 4 R	ACE / S. D.	ATE OF BIRTH	YEAR 6. AGE (I	NYEARS IF UN	DER 1 YR F UNDER	MIN. PRONO	ATE DUNCED EAD	Var	191	THE CY	40
	1	70 BI	RTHPLACE (STATE	OR 76 C	TITIZE V OF WI	HAT COUNTRY?	8 MARRI WIDOW	- 6	RIED 🔲	TIMORE CITY	OR COUNT		HYA	× 36
7	PAGE S N PAGE S N PAGE S NS, 201 W	10 C	TY OR TOWN OF		NAME OF HOS	PITAL, NURSING HO	OME, OR OTH	111	120 USUAL OC FOR MOST OF HOME	CUPATION (* WORKING LIFE)	TYPE OF WORK	726 KIND OR II	OF BUS	INFSS
21201	IF ANY DEL AND 3 TO SHOULD BE L'RECORDS,	USU/ 13a. S	L RESIDENCE (IF IN	NURSING HOME OR OTHE	./	13c. CITY OR TOW	NISSION)	13d. INSIDE CITY LIMITS? YES NO	13e. STREET AD		alidl	010	An	e, . `
E, MD.	SATA STATE	14. F/	THER'S NAME FIRST	MID		ALGRIG	HT	15. MOTHER'S MAID FIRST	EN NAME	MIDDLE	-5	Perli	DIEK)
ITIMO!	JRS AFTER DE B. GIVE PAGE WITH FORM T. PAGES 1 AI DIVISION OF		VAS DECEASED EN	(IF YES, GIVE WAR O		2/2-/4-		BETTY :	J. RHO	ADDRE	7207	WILL	und)	AVE
N ST., B/	MA SA		18 CAUSE OF DI PART I DEATH	EATH (Enter only one I WAS CAUSED BY:		far (a), (b), and (c).)	te	MYNOS	card	52/1	bist	APPR BETWEE	OXIMATE II	NTERVAL
W. PRESTO	WITHIN 24 INCIL IN ITE AINER ALOI TRANSIT PE VITAL HYGIE		Conditions,	71 (AS A CONSEQUENT	CEOF	My,	eard	121	Dis	V	15	
201 W.	W AND W			ting the under-	(-)	AS A CONSEQUEN	CE OF							
RECORDS,	JLD BE EXECUTEI "PENDING" IN F F MEDICAL EXA ED AS A BURIAL HEALTH AND MI IL, CREMATION,	NO	PART 2 OTHER SIGNIF	CANT CONDITIONS CONTRI		BUT NOT RELATED TO THE	TERMINAL DISEASE	OR CONDITION GIVEN IN PA	NRT 1 (a).					
ITAL RE	DO HISTORY	MEDICAL CERTIFICATION	190 DATE OF OP	lone	196 CONDIT	TION FOR WHICH O	PERATION W	AS PERFORMED?					TOPSY?	NO D
NO NO	CERTIFICATE SP ITING THE WOI DED TO THE C E 3 SHOULD BE E DEPARTMENT OF PRIOR TO BU	AL CER	210. EXTERNAL C UNDERLYING CONTRIBUTING			MONTH DAY Y	EAR 21c. HC	OW INJURY OCCURRE	ED (ENTER NATURE C	OF INJURY IN ITEM	18 PART 1 OR PAI			
DIVISION	THIS CERTIFICA , WRITING THE WARDED TO TI PAGE 3 SHOUL STATE DEPARTM 21201 PRIOR T	MEDIC	21d INJURY OCC		21e PLACE			CATION	CITYO	RTOWN	COL	YIMI		STATE
				at I taak charge af t		cribed abave, held a	n Autaps	y , Inspection	Undetermined		and in my ap	inian		
	MEDICAL EXAMINER: CUTE THE CERTIFICATE SE 4 SHOULD BE POR FUNERAL DIRECTOR: TER DEATH, WITH THE S TIMORE, MARYLAND,		ACTUAL SIGNATURE	24	28	Accident (1)	Sorcide L	TITLE (SPECIFY)	→ MEDICAL ED		DATE	vod.	AI	9.83
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, B BALTIMORE, M	-	EXAMPLES NA	WE	EIVE	10	7	ADDRESS.	MEDICAL D	CAMINER	3,000			LLA
	DAY DE E	73x B	HIAL CREMATION	N PEMOVAL THE	1.72 19	THE PARE OF		REMATORY	23d LOCATIO	neki-	24	y .	M	# L
	BP	IL F	INERAL DIRECTO	Roshurh	hel Tens	Wasto.	20,	25/19719	REC'T BY REGIS	RAR 256 RE	GISTRAR'S S	GNATUR	E A	/ •
	(VR A15 ME (5)) 20M 4/82	Va	BONA TU	4 HOURS	254 6	rred SI.	710		- 0 1000	09 00	1000	and	X_	



TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after

retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If Hem 21 is marked or Item 18 shows ony

STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9 60

Ľ	REGISTRAR				CERTIF	ICATE OF DEATH	REG. I	NO	12 Tel		
	CEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
		HARL	FS	W	H	ART		11	15	82	550 AM
3 SE.	X		4 RACE		5. DATE C		6 AGE (IN YEARS LAST B	IRTHDAY)	IF UN	DER I YEAR	
	Male		Cau	casion	Jan.	19,1915	67	YRS		IS DATS	HOURS MIN.
	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF	DEATH	
Wa	shington, D	.C.	U.S		WIDOWE	D DIVORCED	Monte	non	rey		MD.
1	3ethesde		(IF NOT IN SUC	HEACILITY, GIVE STRE	HOSD	or other institution	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Attorney-	OF WORKING			rnment
13a S	Md.	13h COU	other institution NTY gomery	13c. CITY OR TO Bethesd	WN	13d INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET ADDRESS 9207 Adel	aide	Ct.		
14 FA	Charles		WIDDLE	Hart		Blanche	WE			ROE	57
	VAS DECEASED EVER		MED FORCES? (E WAR OR DATES) Army	166 SOCIAL SEC		Margaret Har	t-wife 920			. 208	
	18 CAUSE OF DEAT PART I. DEATH W	H Enter or	nly ane cause per D BY.	CARDIA		ANDSTILL (1	ASYSTOLE)		-	BETWEEN	IMATE INTERVAL ONSET AND DEATH
NOL	DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, if any, which gave rise to immediate couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PACE DAT CELL CARCINOMA AND RESPIRATORY FAILURE										
CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	IN CER	TIFYING YES [RE FINDIN CAUSES	NGS USED OF DEATH?
MEDICAL CER	21g. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAL EXAMINER	P	m, month i m,	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	URY IN ITEM 1	8 PART 1 C	OR PART 2)	
MED	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE 🗆	21e PLACE ((AT HOME, STR	OF INJURY IEET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	CITY OR T	OWN	C	OUNTY	STATE
	220. I certify that (I) saw the decease above, (I) (we) to	ed alive on	Non	1 14 19	67-3	. 19 <u>78</u> ad that in (my) (aver) aprinon o	, taNO death occurred on the c		, 19 aur ond		that (I) (we) last causes stated
	22b. SIGNATURE	Д.	Sirder	um.	MD	ATTENDING PHYSICIAN	MEDICAL STA			11-15	SIGNED
	THOMAS	6.	SINDERS			11125 ROCKUL	LE PIGE, F	ROCKU	ILLE	Md	. 20852
23a. 8	URIAL, CREMATION, Cremation	REMOVAL	23b. DATE 11-15-6			rematory	Washing	ton,D	.C.cou	2000	2 STATE
	Funeral 1	Home	300-4th	St.N.E.	Wash.	D.C. 20002 N	E REC'D. BY REGISTRAL 0V 23 1982	251	STRARS	SIGNATI	Comief

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

JC elitate I 1 S

Jun-les Name et Marco

YES NIT U.S. Lawy Trig-32-32-32 - Marrarat Marrarat 207 Notes 3.0 This seed

F. Aug.

STYS .U.T., outsides the state of set S. = 1- T. .u. Money

8	FOR 1 - STATE REGISTRAR
	1 DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

23d LOCATION
CITY OR TOWN
Cheltenham

250 DATE REC'D. BY REGISTED 256 REGIST

9 6 5 2

					KEG INC			
. LIVE OF PRINTS	IRST MIDD			XST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
WI	LLIAM ALBERT	HATHAWAY	, S	R.	NOVEMBER 9	1982		6:26 a
1 SEX	4 RACE	5.	DATE O		6 AGE (IN YEARS LAST BIRT		INDER I YEAR	IF UNDER 24 HRS
MALE	CAUCASI	AN	MONTH	NE 3 1918	64	YRS	THS DAYS	HOURS MIN.
TH. BIRTHPLACE (STATE OF FORE		AT COUNTRY? 8			9 BALTIMORE CITY O		DEATH	
COUNTRY)	INITED O			NEVER MARRIED	MONTECONE	D17		
PENNSYLVANIA 10. CITY OR TOWN OF DEATH	UNITED S		IDOWED	D DIVORCED DIVORCED DIVORCED	MONTGOME 120 USUAL OCCUPATION		12h KIND O	MD. OF BUSINESS OR
	JIF NOT IN SUCH FA	CILITY, GIVE STREET ADDR			(TYPE OF WORK FOR MOST OF		INDUSTRY	
BETHESDA ISUAL RESIDENCE (IF NURSING	NAVAL H				RETIRED		US	SAF
130. STATE		CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
	PRINCE GEO.	CLINTON		YES X NO	9412 SMA	LL DRIV	/E	
14. FATHER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	ST.
ALBERT McGI	NNIS HATHAWA	Y		MARGARET				
160. WAS DECEASED EVER IN	U.S. ARMED FORCES? 166	. SOCIAL SECURITY	Y NO.	17. INFORMANT	ADDRE	S Marv]	land 2	20735
YES		161-18-47	751	ANNE F. HATHA	WAY 9412 SM			The same of
	nter only one couse per line			MD 2073				MATE INTERVAL
PART I. DEATH WAS		altinle .	GVC-	tem failure	TICHE!			
1889 m	MEDIATE CAUSE (0)		7					
Conditions, if any, w	DUE TO, OR AS	ACONSEQUENCE	EOF	static blad	lder car	inama		
gove rise to immed	iote			DIATIC PIUD	Idit Cert	. Invinci		
couse (a), stating underlying couse		s a consequenc	EOF					
	(c)							
	CANT CONDITIONS CONT	RIBUTING TO DEA	IH BUT I	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	ITION GIVEN	IN PART 110	O
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY	Lin company		CB ATION	100000000000000000000000000000000000000	Ten	1001 15 WES 11		
DATE OF OPERATION	N 196 CONDITIO	N FOR WHICH OPE	ERATION	N WAS PERFORMED	200 AUTOPSY?	106. IF YES, W		
RTI					YES NO	YES [NO 🗌
OR CONTRACTOR CONT	110110 111		YEAR	21¢ HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	TIN ITEM IB PART	(OR PART 2)	
S (IF EITHER NOTIFY MEDICALE			19					
(IF EITHER NOTIFY MEDICALE 21d. INJURY OCCURRED		INJURY FACTORY OFFICE, FARM	STC A	21f. LOCATION	CITY OR TOV	VN	COUNTY	STATE
WHILE NOT WHILE	[(STROME STREET,	FACTORT OFFICE, FARM	EIC					
22a.L certify that (1) (to	XXXXXXXX attended the de	eceased from NC	VEM	BER 4 19 82	to_NOVEMBE			that (I) (w) lost
sow the discessed of	NOVEMBE	R 9 19 82	2, one	d that in (my) (propinion d	eath occurred on the do	te and hour or	nd from the	couses stated
22b. SIGNAME	I WENT THE DOCK BITE	er deom		DEGREE	100		22c. DATE	
Man	is Ille	- (STVA	01	ATTENDING PHYSICIAL	MEDICAL STAF	F	0 ***	1000
THE ICHAN'S NAME	(The tierro)		~	00 1000000				V 1982
DENNITO I	AZIMA TT MO	IICND		NAVAL	HOSPITAL,			
DEMNID L.	AZUMÁ, LT, MO	AMEO .		MEDICAL CEN'	TER BETHES	DA MD	20814	4

234 NAME OF CEMETERY OR CREMATORY

6160 Oxon Hill Rd.

Oxon Hill, Md.

Maryland Veterans Cem

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR

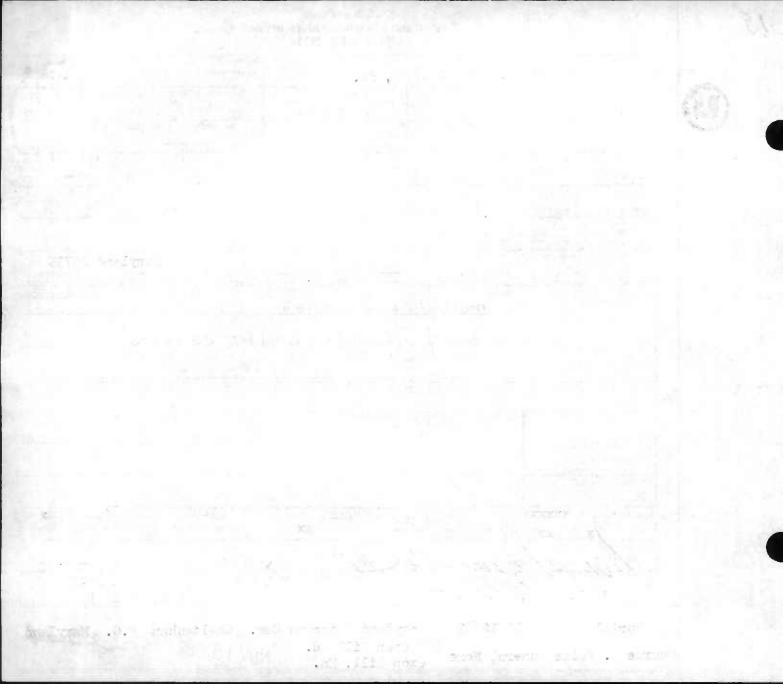
IMPORTANT:

236 BURIAL, CREMATION, REMOVAL (SPECIEV) Burial

24 FUNERAL DIRECTOR
George P. Kalas Funeral Home

236. DATE

11/12/82



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	2	9	ô	5	3

8

NOV 1.5 1982

FOR STATE REGIS		DE		LTH AND MENTAL HYG ATE OF DEATH	GIENE 6 2 REG. 1	vo.	4 0	3 3
1. DECEASED		MIDDLE	H	AUG	20. DATE OF DEATH	MONTH D	7 1982	26. HOUR 5
3. SEX	Ferne	race LLT	5. DATE OF B	BIRTH YEAR 9	6 AGE (IN YEARS LAST 8	YRS.	IF UNDER 1 YEAR	HOURS MIN.
COUNTRY	CE ISTATE OR FOREIGN 76 Germany	U.S.A.	MARRIED [Monta	OF DEATH	MD.	
SILUE	er Spring	NAME OF HOSPITAL, N (IFNO IN SUCH FACILITY GIVE	STREET ADDRESS	OTHER INSTITUTION	17a USUAL OCCUP (TYPE OF WORK FOR MOST HOUS EWIG	OF WORKING LIFE		OF BUSINESS OR
USUAL RESID	4 Land Wanta	0/	er Spring Y	d. Inside City Limits?	8505 S	pringV	ale Ro	20910
14. FATHER'S		Ko.	ST	MOTHER'S MAIDEN NA Friederi	MIDDLE	0	Unkno	own
	CEASED EVER IN U.S. ARME R UNKNOWN) (IF YES, GIVE W	AR OR DATES)		obert G. Ha		ress 7302 randale	. Austi	in Street
gave cause under	itions, if ony, which rise to immediate (a), stating the clying couse last.	(c) HOWE	tic Steve		MINAL DISEASE OR CO	ndition give	9.00 EN IN PART 10	(0)
CERTIFICATION 19a DA 21a. AC	TE OF OPERATION	196 CONDITION FOR V	vhich operation v	VAS PERFORMED	200. AUTOPSY?	20b. IF YES, IN CERTIFY YES	, WERE FINDING CAUSES	NGS USED S OF DEATH?
OR COM	CCIDENT WAS UNDERLYING THE NOTIFY MEDICAL EXAMINER	P.M.	H DAY YEAR	16 HOW INJURY OCCUR				
	JURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	If. LOCATION STREET	CITY OR 1	OWN	COUNTY	STATE
00	rettify that (1) (this hospital w the deceased alive on ove, (1) (we) (did) (did not) GNATURE	ottended the deceosed NOV - briew the body after death.		hot in (my) (our) opinion	deoth occurred on the	date and hour		
22 d. PH	26 Mys C. IYSICIAN'S NAME (TYPE OR PI	Gragiam /	70	ATTENDING	DIRECTOR PHYS	AFF ICIAN	11-	-9-82.
	Hugo G-	GRAZIAN;		Silver	Spring,	md	209	710.
(SPECIFY)	RUTIAL	23b. DATE Nov. 12 1982		ETERY OR CREMATORY	28d LOCATION CITY OR TOWN THE BROWTHE	and Pr	GOO	STATE

Francis J. Collinsoness

500 University Blvd. W. Silver Spring.

BP DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

the Public Control of the Control of levely when you have made the sound of the sound the same

STORY S	The same		
100		and off office.	32
C	>	matthe rath	
		miner	7

STATE OF MARYLAND

		46		
8	2	2	9	

Female White August 18, 1946 36 YRS. MARRIED NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION COUNTY OF MONOR OF DEATH II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION BEthesda SUAL RESIDENCE IF NURSING HOME OF OTHER INSTITUTION (II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (II. STREET ADDRESS) Rt. 3, box 86 IS MOTHER NAME WILLIAM PARTILISM MODIE MARY Ada MODIE (IA. 3, box 86 IS MOTHERS MAIDEN NAME MODIE MARY Ada MODIE (IA. 3, box 86 IS MOTHERS MAIDEN NAME MODIE MARY Ada MODIE (IA. 3, box 86 IS MOTHERS MAIDEN NAME MODIE MARY Ada MODIE MARY Ada MODIE MARY Ada MODIE MARY Ada MODIE III. CAUSE OF DEATH Enter only one couse per line for 101, (b), and (c) PARTILIDEATH WAS CAUSED BY WILLIAM III. CAUSE OF DEATH Enter only one couse per line for 101, (b), and (c) PARTILIDEATH WAS CAUSED BY WILLIAM III. CAUSE OF DEATH ENTER ONLY OR AS A CONSEQUENCE OF UNDERLY OF MARY LEAD OF MARY DUE TO, OR AS A CONSEQUENCE OF UNDERLY OF MARY III. CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR III. CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR III. CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR III. CAUSE OF INJURY HOUR A.M. MONTH DAY YEAR III. CAUSE OF INJURY HOUR A.M. MONTH DAY YEAR III. CAUSE OF INJURY HOUR A.M. MONTH DAY YEAR III. CAUSE OF INJURY HOUR A.M. MONTH DAY YEAR III. CAUSE OF INJURY OCCURRED WING THE MARK OF THE NURSHING HOME OF INJURY INTERNITED TO THE CENTER NATURE OF INJURY IN	9 9	5 4							
	SED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH D								2b. HOUR D
PE OR PRINT)	Camel1:	ia	Jean	На	awbaker	November 2	2, 1982		1:20 P
EX	4.1	RACE				6. AGE IN YEARS LAST BIR		UNDER I YEAR	
Female	1	White				36		DATS DATS	HOURS MIN.
COUNTRY)				MARRIE		Montgomery	Count	y y	MD
Bethesda	ci	inica	1 Center	, Beth	TH	TYPE OF WORK FOR MOST C	F WORKING LIFE)	12b. KIND (INDUSTRY	S CO
STATE	BLCOUNTY		13c. CITY OR TO	WN	YES NO	Rt. 3, box	86		
FIRST	P, MID	DLE	20		FIRST	MIDDLE	Ge	arha	rt
IYES NO OR UNKNOWN)		AP OP DATES						me as	patient
18 CAUSE OF DE	ATH (Enter only o	ne couse per	line for (a), (b), a	ind (c).)				BETWEEN	I ONSET AND DEATH
PART I. DEATH			INTRAC	RANIA	IL HEMORRHI	14E		Z	MOURS
	ny, which		RAS A CONSEOU	JENCE OF	PENIA			1	MONTH
couse (o), sto	iting the "	DUE TO, O	DIFFU	JENCE OF	ISTOCYTIC CY	MPHOMA		1	YEAR
PART 2 OTHER S	IGNIFICANT CON	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	V IN PART 1	(0
19a. DATE OF OPE	RATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED		IN CERTIFY	NG CAUSE	
OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.	M. MONTH		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T 1 OR PART 2)	
WHILE NOT	WHILE			, FARM, ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
22a. certify that sow the dece	(1) (this hospital)	ottended the ovembe	r 2 19	02	, , ,				that 🔏 (we) last couses stated
22b. SIGNATURE					ATTENDING	MEDICAL STA			E SIGNED
226 PHYSICIAN'S	NAME TYPE OF PR	INT)			220. ADDRESSNation	al Institut	ac of	Ua al ti	2

Funeral

Home

Clinical Center, Bethesda, Md. 20205

ROBERT F. CUNNION 231. NAME OF CEMETERY OR CREMATORY 23b. DATE

retained by the hospital or attending physician. 230. BURIAL, CREMATION, REMOVAL Burial Thompson

Blairs Valley Nov.

23d. LOCATION
Clearspring

Wash. Md

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the busiol-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

injury, or other troumatic event,

IMPORTANT: If them 21 is morked or them 18 shows any

Clearspring Md.

NOV 5 1982

OS:11 CHAIL MACHINE MINISTER MAN MILLONSO The state of the s stleamen Olimical Pelogi, Paliante, C. Labour W. Libbarto Titlestand obt when erbon with the clarities . inen janisarbie El Description of the Second Color of the Color

	may	6
-	900	6
	death.	unerol no 72
	other	of the
	haves	d in b
	- S	oly fills
	P P P	omplet ond 2
	поэко	o puo
	ole be	mittion spen. 3
	certific	de pho
	death	des cor
	2	21
	# H	pleas
	E .	A The
	No low	d to
	HYVEKEAN. The law requires that the death certificate be executed within 24 hours ofter death, Page 4 may halog physician.	his versiticate has been signed by the attending physician and completely filled in by the funeral busing transit permit. Then please remove corbangapers. Pages, I and 2 should be filled within 72.
	HYSIC	his cer

DHMH - 16 50M 4/82 (VRA 15, 4)

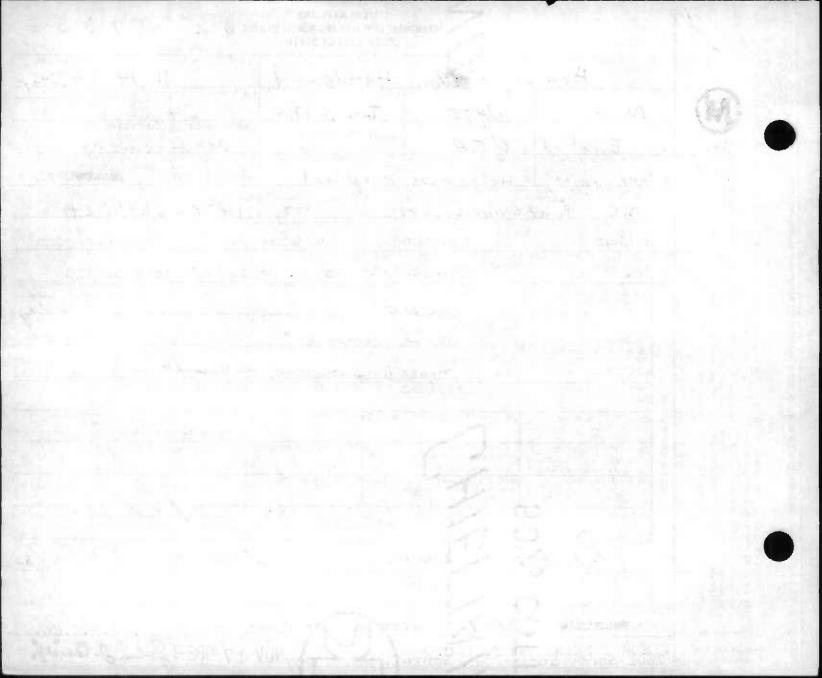
1	ĺ.,	FOR STATE	DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG	IENE 8 2	2 (9 5	5 5	SIL
		REGISTRAR CEASED NAME FIRST	MIDDLE	•	AST .	REG. NO	D. MONTH DAY	YEAR	2b. HOUR	_
		ORPRINTI Arthu		Ha	zlewood		11 14	+ 82	3:421	9M
1	1.5E)	Male	WHITE	5. DATE C	AN 6. 1918	6. AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	HOURS MIN	
1		RTHPLACE ISTATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIO	9. BALTIMORE CITY O	COUNTYO		A	AD.
8	S,		NAME OF HOSPITAL, NURSING	G HOME C		120. USUAL OCCUPATION OF WORK FOR MOST OF STATES TO STATE STATES TO STATES T	F WORKING LIFE)	12b. KIND O	BUSINESS O	R
5		AL RESIDENCE (IF NURSING HOME OR OTHER TRANSPORTED TO THE TOTAL OF THE PROPERTY OF THE PROPERT	HER INSTITUTION GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS? YES NO X	130. STREET ADDRESS	Shil	leh C-	t.	
1	10	THER'S NAME FIRST MIDI Arthur	Hazlewoo	od	15. MOTHER'S MAIDEN NAM	MIDDLE	Cole	s-Lan	aden	
2	160 V	VAS DECEASED EVER IN U.S. ARMEI			17. INFORMANT	ADDRE				
		18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B A MEDIATE Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause lost.	BY:	NICE OF FE	ulure	acteriose	brace	BETWEEN C	MATE INTERVAL NASET AND DEATH 3 de	4
	NON	PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONI	OITION GIVEN	IN PART JIC	11	
2	TIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH (OPERATIO	N WAS PERFORMED	20a. AUTOPSY?		VERE FINDIN NG CAUSES		1
1	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH DA P.M. 216. PLACE OF INJURY	Y YEAR	216. HOW INJURY OCCURR					
	ME	WHILE NOT WHILE 220.1 certify that (1) (this haspital) saw the deceased alive on above, (1) we jidd (did not) v	11/14 19	11	od that in (my) (aur) Opinian o	to, to	18, 19		STATE that (I) (we) la	st
		226. SIGNATURE Robert	L Curreno			MEDICAL STAP		22c. DATE	SIGNED /8	2
1		22d. PHYSICIAN'S'NAME (TYPE OR PR		IAME OF S	220. ADDRESS	123d LOCATION				
	Z30. 8	BURIAL, CREMATION, REMOVAL	230. UAIL 236. N	WAVE OF C	EMETERY OR CREMATORY	230 FOCKHON				

(SPECTemation 11/17/82

Fort Lincoln Crematory Brentwood, P.G. Co. Md.

250. DATE REC'D. BY REGISTRAR 250 GISTRAR'S SIGNAURE

251. Md. 20707NOV 17 1982 74 EUNERAL DIRECTOR FUNERAL HOME, INC ADDRESS 7601 Sandy Spring Rd. Laurel, Md. 20707



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

within 24 hours ofter

death certificate be

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician. of once.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traumatic event, the

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

DEC 6 - 1982

3

REGISTRAR				CERTIF	ICATE OF DEATH	RE	G. NO.		
1. DECEASED NAME (TYPE OR PRINT)	Edwin	۸	D.	L	Heid	Nov.	TH MONTH 29	1982	313 M
J. SEX Male	4. 1	Cauc.		5. DATE C		6. AGE (IN YEARS L	AST BIRTHDAY) YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
70. BIRTHPLACE (STATE OR COUNTRY) Washington,	D.C.	U.S.A.		WIDOWE		9. BALTIMORE C		TY OF DEATH	MD.
Potomac	ATH 11		HOSPITAL, NURSIN H FACILITY, GIVE STREET, LC Valley		ing Home	120. USUAL OCCU	AOST OF WORKING	LIFE) INDUSTRY	Estate
USUAL RESIDENCE (# NURS 130. STATE Maryland	136 COUNTY		GIVE RESIDENCE BEFORE 136. CITY OR TOW Potomac		134. INSIDE CITY LIMITS?	12300 St	oney Cr	reek Rd.	
Benjamin	MID	DLE	Heid		15. MOTHER'S MAIDEN NAI		DLE	Schwa	b
160 WAS DECEASED EVER	IN U.S. ARME		577-03-5		17. INFORMANT E. Michael H			oney Cre Maryla	
Conditions, if any gave rise to imm cause (a), stoff underlying cause PART 2 OTHER SIGN 19a, DATE OF OPERA 21a, ACCIDENT WAS UN	mediate ng the lost.	(c) NDITIONS CC		DEATH BUT	NOT RELATED TO THE TERM		CONDITION G		NGS USED
210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED) 21d. INJURY OCCUR AT WORK AT WORK	CAUSE OF DEATH ICAL EXAMINER) RED	P./ 21e. PLACE	M. MONTH DA	19	216 HOW INJURY OCCURI			YES	NO
220.1 certify that (!) sow the decease obove, (!) (was (.) 220.5 SIGNATU 221.6 PHYSICIAN'S N Walter E.	(Number pind) ed alive an (did nat) v	riew the bady	olter death. 19	W.	ATTENDING PHYSICIAN DE 122. ADDRESS 2309 Shoref	MEDICAL PIRECTOR P	STAFF HYSICIAN [] Wheato	Nov.	29, 1982
230 BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	Dec.3,			eek Cemetery	23d. LOCATION	hington	D'NC.	STATE

Washington, D.C.

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR
5130 Wisconsin Ave.,

BP.

	all "new.w.	.:	Maria Cara	alteri .
a granouti	io.		,0.	
account feet made				0 10 2
All stones percet by	K. T. S.	r		
chants 12700 stoney freek Pd.	warah"	hin		
	Alem Innubl		Tall	766
CHIN DE		a freedom		
Crassillas	Marga Alson			
	and the state of			
The American	FF- 23-19			
	17 60 70	17 32	SEATT.	
Mr. 191 9	- NOW			160
A comment of the			. 15 00	. will
Panin in, in, c.	gendered dans	don fir,	.0	ining.
1962 John B. Cuish	JEC 5-	spiriten 1989	, . 5	M 3854 - F

BP.

DHMH - 17

(VR A15 ME (5))

20M 4/82

1-5	FOR STATE REGISTRAR			STATE STATE OF PARTIES				YGIENE F DEAT	6	REG.	2 9 No. :	6	5	1
	CEASED NAME E OR PRINT)	Leon		WIDDLE	Helfma	an		2	OF DEATH	ESTI-	Nov	30	1,982	26. HOUR 9:42p
	nale		S. DATE OF BIRTH MONTH DAY ESCE. 2.2	YEAR 6. AGE (IN YEAR LAST BIRTHDA	MONTHS (YA		HOURS	MIN P	2c. DATE PRONOUN DE AD	NCED	Nov	30	1982	9:42p
FOR	RTHPLACE (ST REIGN COUNTRY) LAND		76. CITIZEN OF WHA	AT COUNTRY?	MARRIED WIDOWED	7	ER MARRIED	ED 🗆	Mo	ontg	y <u>or</u> cou omery		DEATH	MD.
USUAL		(IF IN NURSING HOME	HOLY CYC		Silver	r Spr	ring M	FOR MC	TAI	LOR	TYPE OF WORK	OF.	PARTS ARA	
IJa, ST.	M	1 Bb. COUN	cont	13c. CITX OF TOWN	pa	Δ_	NO I	1	ET ADDRE	55	FIV	157	A	ve.
SA	THER'S NAME FIRST		MIDDLE	HELFMAN		PE	EARL	INAME	AA!		UNASCE			
NO W	S, NO, OR UNKNO	D EVER IN U.S. AR	RMED FORCES? /E WAR OR DATES)	166 SOCIAL SECURITY	2.1	RS. P		McGL	JIGAN,		08 FIF LVER S			IE ND.
		EATH WAS CAUSE	anly one cause per line fo ED BY: ATE CAUSE (a)	or (a), (b), and (c).)	nte	1	14,	oc:	ryd	امر	16		APPROXIMAT TWEEN ONSE	TE INTERVAL ET AND DEATH
	gave ris couse (o) lying cou	ons, if any, which ise to immediate o) stating the <u>under</u> use lost.	DUE TO, OR A (b) DUE TO, OR A (c)	AS A CONSEQUENCE OF	<u>n/e/</u> OF	M	Yoc	21	dia	1/	1715		1/1/	3
	PART 2 OTHER SI	GNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PART	T 1 (a)						
CERTIFICATION				ION FOR WHICH OPER	ATION WAS	PERFORM	NED?					20	AUTOPSY	17 NO (b)
CAL CER	UNDERLYING	AL CAUSE WAS G OR ING CAUSE OF		MONTH DAY YEAR		INJURY C	OCCURRED) (ENTER N/	ATURE OF INJ	URY IN ITEM	18 PART 1 OR	PART 2)		

\	(c)				
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN IN	PART 1 (a)		
100	LE				
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPS	5Y?
None				YES [NO D
210 EXTERNAL CAUSE WAS	216 TIME OF INJURY	21c. HOW INJURY OCCUR	RED CENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)	
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR P.M. 19				
21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME.	21f. LOCATION			
WHILE ONOT WHILE O	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
22e. I certify that I took charge of th	e remains described abave, held an	Autapsy , Inspec	tion Inquiry , and in	n my apinian	

deoth resulted from Natural couses Accident ACTUAL SIGNATUR

TITLE (SPECIFY)

Hamicide

Undetermined monner

DR. JOHN S. ROGERS. M. D.

SEMINARY ROAD SILVER MARYLAND

230. BURIAL, CREMATION, REMOVAL 236 DATE BURIAL

EXAMMER'S NAME

TYPE OR PRINT

MEDICAL

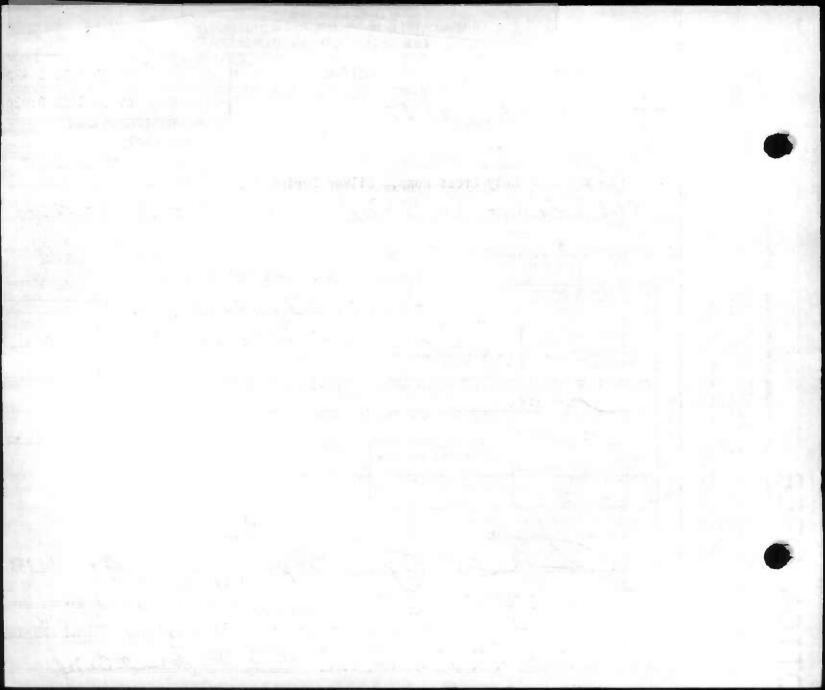
12/2/1982

23d LOCATION CITY OF TOWN CAPITOL 231. NAME OF CEMETERY OR CREMATIANT I ERY BETH SHOLOM CONGREGATION

COUNTMARYLAND HEIGHTS GEORGE

24 DUNAL DREMIOR STEIN HEBREWADMEMORIAL FUNERAL HOME CARROLL STREET WASHINGTON

DEC 6 1982



	1				E OF MARYLAND			
D 7	1.	FOR STATE	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	2 9 6	5 8
	1 DE	REGISTRAR CEASED NAME FIRST	MIDDLE		AST	REG. NO.	H DAY YEAR	
o the be		OR PRINT)	110	1.1		1 1	H DAY YEAR	26 HOUR
	1 SE		VA . W.	5 DATE C	ENDRICKS.	11/14/82	IF UNDER 1 YEAR	IF UNDER 24 HRS
Poge 4 moy	30	Female	Black	MONTE	DAY YEAR 1909.	73.	MONTHS DAYS	HOURS MIN.
100 August /		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIE	17	9. BALTIMORE CITY OR CO	1110	
deoth		New York ITY OR TOWN OF DEATH	USA	WIDOWE	DIVORCED	Montgomery		MD.
by the		/	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S Washington	Advent	tist Hospita	12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Clerk	KING LIFE) 12b. KIND OF	BUSINESS OR
illed in	Ma	TATE	Ladensburg		13d. INSIDE CITY LIMITS?	5599 Emers	on Street	
2 shot	14. F/	THER'S NAME			15. MOTHER'S MAIDEN NAM	ME		
ond loo	H	oward Willia	MIDDLE LAST		Anna Garris	son	LAST	
dicol 1			GIVE WAR OR DATES	SECURITY NO.	17 INFORMANT	ADDRESS		
rs. Po	_	no	068	32 3664	Parthenia '	Tyler-daught		
physic pope povol ent, th		PART I. DEATH WAS CAL		b	- /e			ATÉ INTERVAL NSET AND DEATH
rbon r ren		1629 IMMED		Inalory	Fallury		364	iou/s
ove co		Conditions, if ony, which		SOUENCE OF	- Con wom	A OF LUMI	6000	omh s
remo emot er fro		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSI	EQUENCE OF		1		
iol, cr		underlying couse lost	(c)			/		
io bur	Z	P . 1	T CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART 110	
prior t	CERTIFICATION	19a DATE OF OPERATION	19h CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	20g AUTOPSY? 20b.	IF YES, WERE FINDING	GS USED
9 9 9	TIFIC						CERTIFYING CAUSES O	
inficote and Hyginal Hygin	GE	21a. ACCIDENT WAS UNDERLYING		DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN IT		
117	CAL	OR CONTRIBUTING CAUSE OF	ULAIII	19				
M pu	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OF	FICE FARM ETC)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
os ti Ith o		AT WORK NOT WHILE		17/	ST SA	14 1/2	6	
Heo GR			spital) attended the deceased fr	Ell com	d that I (my (our) apinion of	death accurred on the date on		(we) lost
RECT ed for pt. of em 2		sow the deceased light of the state of the s	w the body ofter death.		DEGREE	acom occorred on the dote on	22c. DATE S	
eroch re De		Thomas U	Maria		MA ATTENDING PHYSICIAN &	MEDICAL STAFF DIRECTOR PHYSICIAN	10	160°82
Pe de		A CONTRACTOR OF THE PROPERTY O	PE OR PRINT)		22e ADDRESS	DIRECTOR PHYSICIAN	1 13 14	0000
should be del		Homas A -	Brusiaca n V	40	7676 Now	Hamuster F	tre LAMICLES	ph med
- - - 3 ≥ 1		SURIAL, CREMATION, P. MOV		Pac NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		2047
	-	uria1	Nov. 18	1982 H	leavenly Res	Hanover,	New Jers	OY A
6 50M 1/B1		JNERAL DIRECTO	in 1. 11	evoc	vel Itt	D BY RECISERARILY R	EGISTRAR SICIAL	with.
	St	ewart taner	al Home-4001	Bennir	g Road NENV	1 2 2 10 0		

All granted and a second secon redin the southern design to the THE SECOND SECTION ronitus en la companya de la company the end of the state of the sta

the state of the s

Committee to the committee of the commit

te to them to the control of the con

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

retained by the hospital or attending physician.

DHMH - 16 50M 4/B

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and cahould be detached for use as the busial-stons if permit. Then please remove corbompapers. Pagas, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

and completely filled in by the funeral or

and 2 should be

FOR					OF MARYLAND	(G 2)	2 0	5 5	0
- STATI	E STRAR		DEPART		EALTH AND MENTAL HYO		6 7	0 0	3
I. DECEASED			AIDOLE		AST	REG. N	O. MONTH DAY	YEAR 2b. HOUR	
TYPE OR PRINT				NRY		NOVEMBER,		7:20)a .
3. SEX		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BI		DER 1 YEAR IF UNDER 24	LHRS
FEMAI		NEGRO		JUL		71	YRS.		MIN
COUNTRY Guyan		Guyana		WIDOWE		9 BALTIMORE CITY O	Y COUNTY		M
BETHE		CLINICA	L CENTER	ADDRESS)	, BETH, MD	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Housewife		L KIND OF BUSINESS IDUSTRY Home	50
USUAL RESI 13a. STATE MARYI	DENCE (IF NURSING HOME OF THE COULT		GIVE RESIDENCE BEFORE 13c. CITY OR TOW T.ANHAM	E ADMISSION) /N	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 9931 GC	OD LUCK	RD #104 2	20
14. FATHER'S	NAME FIRST rles	MIDDLE	Banker		is MOTHER'S MAIDEN NA	own)		LAST LAST	I
		RMED FORCES? VE WAR OR DATES)	218-98-1		MRS. MARVA	MARCH (DAU		AME AS ABO)V:
					ointestinal			APPROXIMATE INTERVA	Al E ATH
unde	e rise to immediate e (a), stating the trlying cause last.	(c)			arcinoma of		IDITION GIVEN IN	years	
NO L	PART 2. OTHER SIGNIFICANT CONDITION 190 DATE OF OPERATION 19b. CC		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	20b. IF YES, WEI	RE FINDINGS USED CAUSES OF DEATH	?
OR CO	CCIDENT WAS UNDERLYING [INTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	25-61			
21d. IN	JURY OCCURRED	21e PLACE			216 LOCATION STREET	CITY OR TO	OWN C	OUNTY STA	TE
220. I	certify that X (this hosp aw the deceosed alive or bove, M (we) (did) (dtd X	NOVEMB	ER 22 19	NOVEMB 82	SER, 09, 19 82 and that in (my) (our) opinion			, 11101 44 (1110	,
226.5	ane Al	elem	m	123	ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN (224. DATE SIGNED	٦.
22 8 -PI	ARM EN	ALLE	a ka " m	15	22e ADDRESS NATIO				
(SPECIFY)	, CREMATION, REMOVAL	23b. DATE Nov/24	The second second		EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	P. G. CO.	STA Marvalan	of E
24 FUNERA			ADDRESS		25a DA	TE REC'D. BY REGISTRAN	2 DECISTRADIO	SIGNATURE L	-

CLI LILE WITH THE LITE ROCKETTO PARTY THE RESIDENCE OF THE Spaces Sauter Carrie District December - Nov/20/12 Chair Ell Charles - Hillmil, 2.3.30. Transaction of the - Annicas Account Accountable, Maryland - --

(18	•
41	

executed within 24 hours afte

requires that the death certificate be

ATTENDING PHYSICIAN: The low

TO HOSPITAL OR

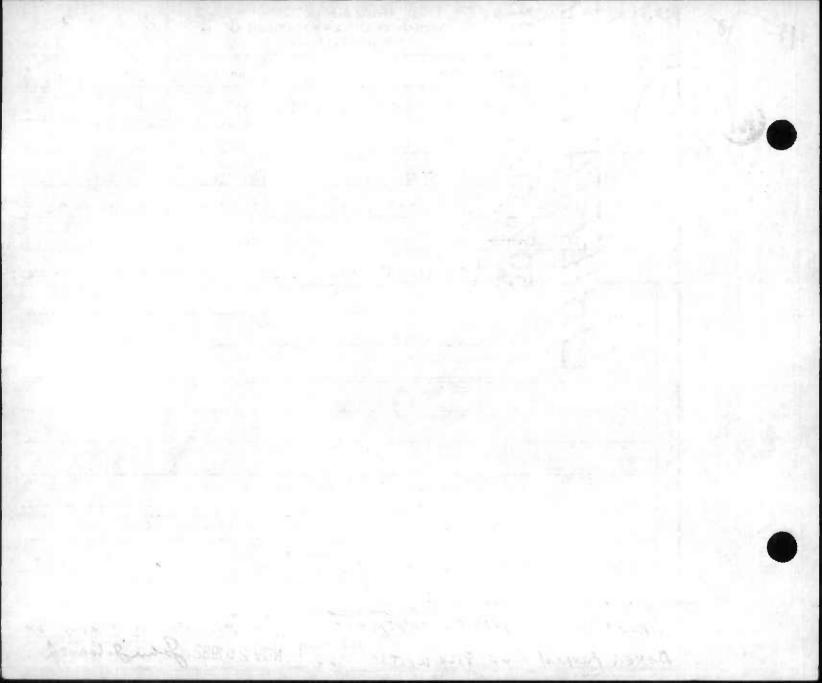
retained by the hospital ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

InmORIANT: If them 21 is marked a transit as the transit injury, an other transmit event, the medical expansion and the entities.

		FilmG574 12/ FOR STATE REGISTRAR	15/82 kan		MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG HCATE OF DEATH	GIENE 8 2	2 9	6	60	
-		I. DECEASED NAME FRST MIDDLE LAST BETTY CLAIRE HEWITT					20 DATE OF DEATH	MONTH DAY	YEAR 2	h HOUR	
							NOVEMBER	18 1982		2:38 a	
	3. SE	× EMALE	CAUCASIAN 75 CITIZEN OF WHAT COUNTRY? 8		AÜĞÜST 1°4 1925°		6 AGE (IN YEARS LAST BE	RTHDAY) IF UNDE		HOURS MIN.	
0	(RTHPLACE (STATE OR FOREIGN COUNTRY) EW HAMPSHIRE			8 MARRIE WIDOWI	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY MD.				
		BETHESDA	NAVA	11. NAME OF HOSPITAL, NURSING HOME OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NAVAL HOSPITAL			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) RETIRED 126. KIND OF BUSINESS OF INDUSTRY SCHOOL TEAC				
1	13a. S	AL RESIDENCE (IF NURSING HONE) STATE IRGINIA PRI	OR OTHER INSTITUTION DUNTY	GIVE RESIDENCE BEFORE 13c CITY OR TOW GAINESVI		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 14505 JOHN				
10.00	THE FATHER'S NAME CHARLES SUMNER LOSS ROSS 15. MOTHER'S MAIDEN NAME FIRST ADA MAY HODGMAN								LAST		
7 16	16a V	WAS DECEASED EVER IN U.S. ARMED F		166 SOCIAL SECU		17 INFORMANT	ADDR				
		NO		003-12-	4464	ROBERT N.HEWITT, 14505 JOHN MARSHALL HIGHWAY					
1	CERTIFICATION	gove rise to immediate cause lost. DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? IN CERTIFY!							WERE FINDINGS USED		
4	RTIF						YES NO X	YES 🗌		NO 🗌	
	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	m, month da m.	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM IB PART I OR	PART 2)			
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME STE	OF INJURY REET, FACTORY OFFICE, F.	ARM ETC }	21f. LOCATION STREET	CITY OR TO		UNIY	STATE	
		220 1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did) 22b. SIGNATURE R. L. So U	an NOVEMBI not) view the bady	ER 18 19	82	nd that in (my) (aur) opinian of DEGREE ATTENDING	MEDICAL STA	ate and hour and fr	om the car	GNED	
1		22d. PHYSICIAN'S NAME (TY	PE OR PRINT)	MC. USN	20	PHYSICIAN D 22e ADDRESS NAVA COMMAND BET	L HOSPITAL,	, NAVAL MI		L 1982	
	-	SURIAL, CREMATION, REMOV SPECIFY) CEMATION		23c N		EMETERT OR CREMATORY	23d. LOCATION CAY OR TOWN	TNORIA FOUNT	4in FA	state VA.	
	13 PU	INERAL DIRECTOR NAME AKER FUNERA	+ Home	9320 W	est st	MANASSA 250. DATE	V 2 6 1982	REGISTRA	GAL	is! A	

DHMH - 16 50M 1/81 (VRA 15, 4)



1	
17	- 1
10	
7	

injury, or other traumotic

STATE OF MARYLAND

			0	10	1	1
IENE	U	2	Com	9.	0	C

	= STATE REGISTRAR		DEPARTE		ICATE OF DEATH	REG. N	Elimo .		1
	DECEASED NAME FIRST		WIDDLE	· ·	AST	2a. DATE OF DEATH	MONTH DAY	YEAR 2b. HOU	R
(1)	YPE OR PRINT)	TH	Mallar	41	11	11-28-	82	175	5 M
3. 5	SEX	4. RACE	7 - 1.10	5. DATE C		6. AGE (IN YEARS LAST BI		NDER 1 YEAR IF UNDER	
	Fo Female	Caucasi	ian	Nov.		72	YRS.	HS DAYS HOURS	MIN.
7a.	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY		DEATH	
L	ouisiana	U.S.A	4.	WIDOWE		Montgomer	V		MD.
	CITY OR TOWN OF DEATH	11. NAME OF		IG HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION 1	26. KIND OF BUSINE	
	Rockville	SHADY	GROVE A	DUEN	MIST HOSPIA	Homemaker	or Working (IPE)	own home	
US	UAL RESIDENCE (IF NURSING HOM	THER INSTITUTION	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	In CIBELL ADDRESS			
		leans	New Orlea		YES X NO	938 Jeffe:	rson Ave	e., zip	7011
1	FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME			
	Tohn	T_	Mallov		Isabelle			Downing	
160	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		afayette	, Louisia	na.
	(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	436 01 5	5420D	Matthew J. Hi	11.Jr.204			
CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	DUE TO. CO.	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	20b. IF YES, W	ERE FINDINGS USED	
H			-			YEST NO	YES T	G CAUSES OF DEAT	
LĒ									
MEDICAL CERTIF	OR CONTRIBUTION CAUSE OF	DEATH HOUR A		AY YEAR 19 ARM, ETC)	211. LOCATION STREET	RED (ENTER NATURE OF INJU			TATE

BP. DHMH - 16 50M 4/B2

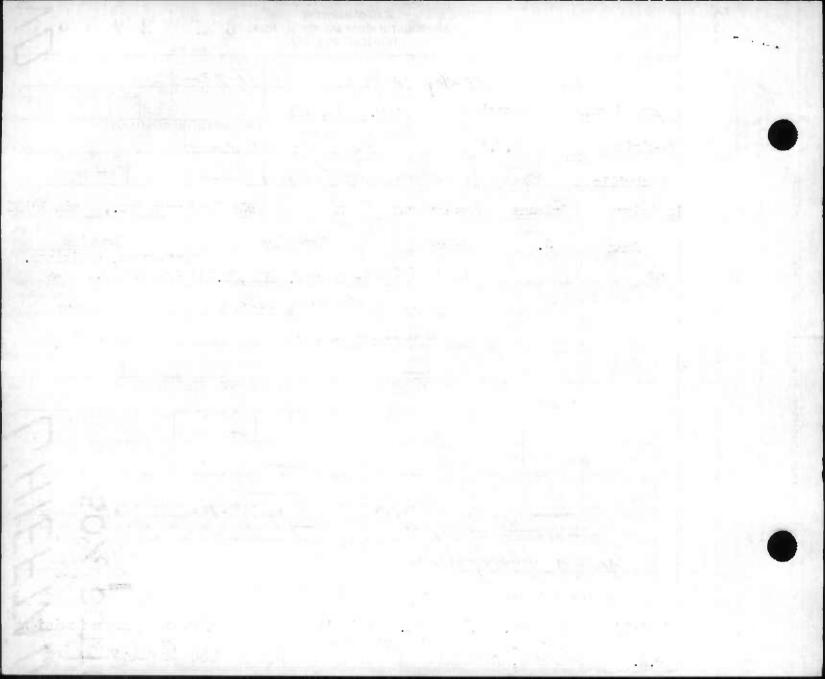
TO FUNERAL DIRECTOR: After this certificate has been sign should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to by IMPORTANT: If Hem 21 is marked or Hem 18 shows any

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the hospital or offending physicia

(VRA 15, 4)

Robert A. Pumphrey Funeral Homes Bethesda, Maryland 24 FUNERAL DIRECTOR P.A.

DEC 2 1982 John J. Court



	- 1	
	2	
	40.	
	125	
	12	
	. at .	
	- 20	
	. 9:	
	20.	
	- 12	
	274	
	2.4	
	- 6	
	- 10-	
	-	
	-	
	tive batte	
	-90	
	773	
	- 25	
	- 2	
	- 5	
	-11	
	- 4-	
	- 4	
	- 44	
	be the	
	-0	
	quite be exec	
	- 94	
	- 11	
	- 37	
	32	
	-	
	-	
	-	
	- 40	
	-	
	1	
	- 85	
	- 44	
	111	
	119	
	40	
	-	
	-	
	- 24	
	- 22	
	*	
	100	
	-11	
	- 94	
	1	
	130	
	C RM	
	- 10	
	- 2	
	aw requires that the death centif	
	- 22	
		4
	w	5
	4	G.
	40.	-
		3
	-	0
	- 44	S.
	-4	75
	-	Ab.
	13	4
	100	9
	DING PHYSICIAN	otherding physician.
	30.	II.
	- 1	9.
	- 60	5
	-	#
	1000	E .
	April .	-01
	2	(5)
	- 50	N.
		cipital av
	122	O.
	No.	75
	144	B.
	\$10.0	=
	ME	0.
	48	
	1220	0
	nr.	#
	100	
	6.7	
_	100	ŧ
	-	91
	15	8
	+	-

Land 2 sh

this certificate has been signed by the attending physician is build trainit permit. Then please remove carbangopers if

FOR. - STATE REGISTRAR DECEASED NAME TIPE DEMINE

BIRTHPLACE

BETHESDA

DISTRICT

4. FATHER'S NAME

MEDICAL

(YES, NO OR UNKNOWN)

COUNTRY

WAS DECEASED EVER IN U.S. ARMED FORCE

BURIAL

NORTH CAROLINA

SEX MALE

FOR STATE REGISTRAR		DEPARTN	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8	REG. NO	2	9 6	6 2
EASED NAME 11	eif.	MIDDLE	L	AST	2a. DATE OF	DEATH	MONTH DA	Y YEAR	2b HOUR
LEON	ARD McCOY	HINTON			NOVE	MBER	1 1982		10:30 a
IALE	4 RACE BLA	CK	5 DATE O		6 AGE (IN Y	EARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
ORTH CAROLI	NA UNITE		WIDOWE		MONT	GOMER			MC
THESDA	(IF NOT IN SUC NAVAL	HOSPITAL	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OF WOR	K FOR MOST C	ON OF WORKING LIFE)	INDUSTRY	NAVY
STRICT OF C	OLUMBIA	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN WASHINGT	Ν	13d. INSIDE CITY LIMITS? YES NO [STREET	, SE	
	NOWN	LAST		15. MOTHER'S MAIDEN NA/ FIRST EMMA HINT		WIDDLE		LAS	31
	1.S. ARMED FORCES? YES. GIVE WAR OR DATES) 938–1960	238-14-6		17. INFORMANT ELIZABETH HIN	TON,13	23 29		EET,SE	
Conditions, if any, who gave rise to immediately a starting underlying cause is	DUE TO, O DUE TO, O John DUE TO, O DUE TO, O DUE TO, O	MULTT ST R AS A CONSEQUE METASTA' R AS A CONSEQUE	YSTEM NCE OF TIC P	WASHINGTON, D S FAILURE ROSTATIC CANCI	ER				MATE INTERVAL ONSET AND DEATH
PART 2. OTHER SIGNIFIC	CANT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E OR CON	DITION GIVEN	IN PART 1	0
14n DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO	NO X	20b. IF YES, Y IN CERTIFYI YES	NG CAUSES	OF DEATH?
210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI	OF DEATH HOUR A.	PFINJURY M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTERNA	TURE OF INJUI	RY IN ITEM 18 PAR	T 1 OR PART 2)	
TIM INJURY OCCURRED NOT WHILE AT WORK	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE

9n DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING: IN CERTIFYING CAUSES OF	S USED
			YES NO X	YES 🗌	NO [
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn COUNTY	STA

saw the deceased alive an NOVEMBER 1 abave, (1) (we) (did) (did nat) view the bady after death and that in (my) (aur) opinion death accurred an the date and haur and fram the causes stated 22b. SIGNATURE DEGREE ATTENDING MEDICAL

ZNOUBZ DIRECTOR PHYSICIAN PHYSICIAN NAVAL HOSPITAL, NATIONAL NAVAL CR, BETHESDA, MD 20814

-	R.	L.	SOLLOCK	LCDR.	MC.	USN		MEDICAL	CENTE
230 B	URIAL, C	REMAT	ION, REMOVAL	23b, DATE		23c NAMI	OF CE	METERY OR CREM	ATORY

Arlington National

23d. LOCATION Ft. My S NOT 9 D. BY 982 RAR

STAFF

22c. DATE SIGNED

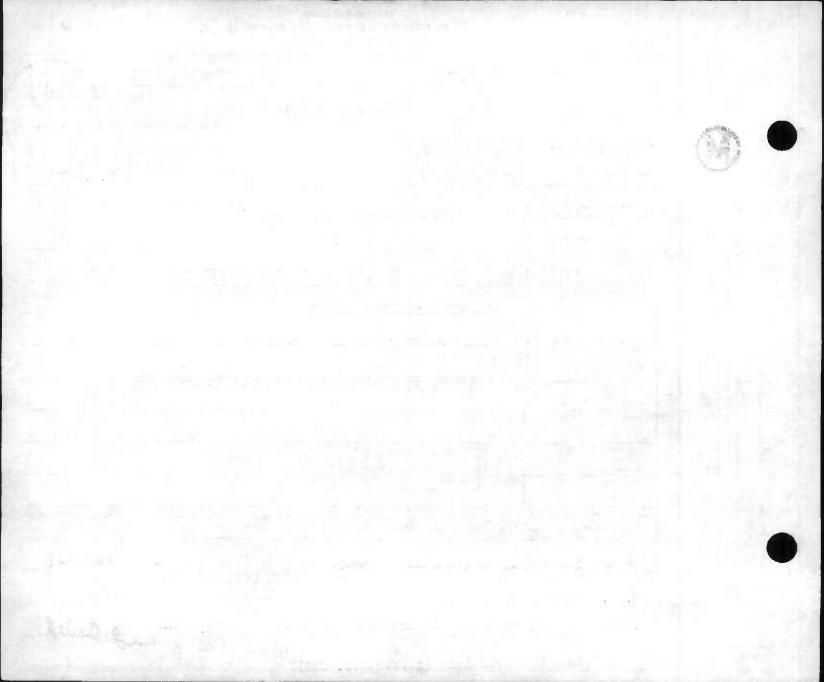
24 FUNERAL DIRECTOR

John T. Rhines Co., 3015 12th St., N.E.D.C

DHMH - 16 50M 1 (VRA 15, 4)

O FUNERAL DIRECTOR.

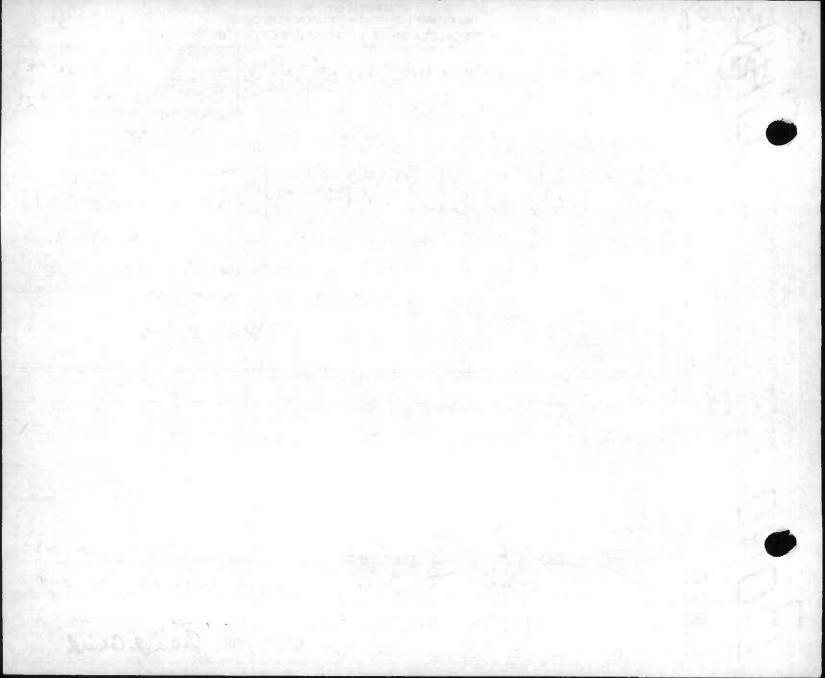
ORTANT



DHMH - 17 FVR A15 ME (5)) 15M 7/76

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1,	FOR		D	EPARTMENT O	F HEALTH AN	ID MENTAL H	YGIENE	1)	2 9	6	6	3
1,	= STATE REGISTRAR		MED	DICAL EXAMI	NER'S CER	TIFICATE O	F DEATH	REG	, NO.			
	DECEASED NAM	E FIRST		MIDDLE	LAST		2e. D	ATE KNOWN		DAY	YEAR	Zb. HOUR
(TYPE OR PRINT)	NOAN	TRI	ANKLIN	Lhow	2845 Mi		OF ESTI- EATH MATED	011	19 10	82	200
3.5	EX	4. RACE	S DATE OF BIRTH	AGE (IN	YEARS IF UNDER			DATE	MONTH	DAY		2d HOUR
	M	lus	MONTH DAY	YEAR LAST BIRT		DAYS HOURS		NOUNCED DE AD	1)	19	32	245
70.	BIRTHPLACE (STATE OR	7b. CITIZEN OF WH		10		9.8/	ALTIMORE CIT	Y OR COUNT			- N
4	FOREIGN COUNTRY)		1154	4	WIDOWED	NEVER MARRI		mo	NTA	ome	CN	
10.	CITY OR TOWN	OF DEATH	11. NAME OF HOST	PITAL NURSING HO				OCCUPATION		12b. KIND	OF BUS	
	Dieka		(IE NOT IN SUCH FAC	HITY, GIVE STREET ADDRES		11	()	OF WORKING LIFE)		OR IN	DUSTRY	
105	PICKE		ROTHER INSTITUTION GIV	E RESIDENCE BEFORE ADMI	15 AIM	RQ.	TAI	NTEN				
5 120	STATE /	136 COUNT	TY	13c. CITY OR TOWN	134	INSIDE CITY LIMITS?	13e STREET A	. 4		1	0	1
1	Mai		TYDMCST	Dickers	20-	S NO	G	211 111	FP	IrAin	· B	19,
A ¹⁰	FATHER'S NAM	E	MIDDLE	LAST	15. /	MOTHER'S MAIDE	EN NAME	MIDDLE		LAST		
4	Jesse		Hoc		h	MARY			61	.44.	Th	
160	WAS DECEASE (YES, NO, OR UNKN	OWN) (IF YES, GIVE V		166. SOCIAL SECUR	RITY NO.	NFORMANT		ADDR	ESS - 4			1
	Ves	W	W.IL	299-10-	8911	Mrs. Ho	exers!	with	Dicke	SOL	1/0	d.
F	CAUSE	OF DEATH (Enter onl	y ane couse per line							APPRO BETWEET	NONSET A	NTERVAL
	PARTID	EATH WAS CAUSED IMMEDIAT	E CAUSE (o)	C	ardi	هر	a	unes	7			
	14/0	00		AS A CONSEQUENC	E OF							
		ons, if any, which ise to immediate	(b)	Coro	Navo	2 7	prov	2000	sig .			
	cause (c	a) stating the <u>under-</u>	< ' ' '	AS A CONSEQUENC	E OF			- N W			1	
	ying ca	use last.	(c)			100						
	PART 2 OTHER S	SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE T	ERMINAL DISEASE OR C	ONDITION GIVEN IN PA	ART 1 (a).					
3												
2	190. DATE O	FOPERATION	19b. CONDIT	ION FOR WHICH OF	PERATION WAS P	ERFORMED?				20. AUT	OPSY?	
4										YES		NO X
71	210 EXTERN	AL CAUSE WAS	21b. TIME OF			NJURY OCCURRE	ED LENTER NATUR	E OF INJURY IN ITE	M 18 PART 1 OR PA	RT 2)	-	
513	UNDERLYIN	G OR		. MONTH DAY YE	AR							
2	21d INJURY			OF INJURY (AT HOME	, 21f. LOCAT	ON						
13	WHILE AT WORK	NOT WHILE	STREET, FACTO	ORY, FARM, ETC.)	STREET		Cff	Y OR TOWN	CO	UNTY		STATE
	ATWORK	AT WORK				_						
	22a. I cer	tify that I toak charg	e of the remains desc	cribed obave, held or	Autopsy	, Inspectio	ın 🗀 , In	iquiry L.J.	ond in my of	noinic		
	death resul	ted fram: Natur	al causes 🛂,	Accident,	Suicide	Hamicide	Undetermin	ned manner				
	ACTUAL	1	11	6	0	TITLE (SPECIFY)			DATE	11-	19.	-82
-	SIGNATURE		Jon -	00	M.D.	-	MEDICAL	EXAMINER	SIGNE	D	-	
1	EXAMINER'S	SNAME	de lane	1	her	a-	218	64,50	2100	14	as	e .
4	(TYPE OR PR	INT)	00 1110	lau	ADD	KE33			0 10 3		J. 4	
230	BURIAL, CREM	ATION, REMOVAL 2	3b. DATE	23c. NAME OF	CEMETERY OR CR		23d LOCAT	ION	con	NTY	STA	19
	BUTIA	-	11/23/82	Arling	TON MAT	700H/		19TON		49700) (A.
24	FUNERAL DIRE	CJOR //	ADDRESS,	1	111	250. DATE			REGISTRAR'S	IGNATUR	1	
1	will	- C-/4	It /	Surverel	le pa	NOV	7 3 1200	Jour	man u	mey		



TO FUNERAL DIRECTOR. After this certificate hos been signed by the attending physicion and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages I and 2 should be filled within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

injury, or other traumotic event, the

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	()	9	6	6	E.
lies	6.4	-	0	~	
DEC I					

REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
1. DECEASED NAME (TYPE OR PRINT)	Floyd	MIDE C.		AST	20 DATE OF DEATH MONTH	17 82	26 HOUR 11:25PM
3. SEX male		4 RACE White	5 DATE C		6 AGE (IN YEARS LAST BIRTHOAY) 83 YRS	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
7a. BIRTHPLACE (STA COUNTRY) Missouri	TE OR FOREIGN	76. CITIZEN OF WH	HAT COUNTRY? 8 MARRIEI	D XXVEVER MARRIED	BALTIMORE CITY OF COUN MONTGOME	TY OF DEATH	MD
10. CITY OR TOWN C	F DEATH	11. NAME OF HO	SPITAL, NURSING HOME CACHITY, GIVE STREET ADDRESS) METY Gen.	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		F BUSINESS OR
USUAL RESIDENCE (13 STATE Maryland		other institution Giver S	ve residence before admission) (CITY OR TOWN Spring	13d INSIDE CITY LIMITS?	3465 Chiswick		
14 FATHER'S NAME FIRST		vton	Holmes	IS MOTHER'S MAIDEN NA	MIDDLE	Jone	
160 WAS DECEASED (YES, NO OR UNKNOV	EVER IN U.S. AR/	WED FORCES? 16 WAR OR DATES)	7-60-2078	17 INFORMANT	P.O. Box Levine- Baltimo	995	21203
couse (01, underlying	any, which immediate stating the	DUE TO, OR A	S A CONSEQUENCE OF		and T. dehorm	Sag.	
DIACONTRIBITION OF CONTRIBITION	PERATION /PL	196 CONDITION 196 CONDITION 196 CONDITION 197 LAN 198 HOUR A.M.	ence dros	N WAS PERFORMED 216. HOW INJURY OCCUP	200 AUPOPSY? 200 IF YES NO POPER NATURE OF INJURY IN ITEM	YES, WERE FINDING CAUSES YES [] 18, PART 1 OR PART 2)	NGS USED OF DEATH?
(IF EITHER, NOTIF) 21d. INJURY OF WHILE AT WORK	MEDICAL EXAMINER) CCURRED NOT WHILE AT WORK	P.M. 21e PLACE OF (AT HOME, STREET,	, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
226. PHYSICIAN	eceased alive on the indicate of the indicate	the body aft	ter death.	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	death occurred on the date and h	22c. DAJE	SIGNED 9/8
230. BURIAL, CREMA (SPECIF Crema	EICHT TION, REMOVAL LION	23b DATE 11-20-8		EMETERY OR CREMATORY Crematory	23d LOCATION Washington,		STATE

DHMH - 16 60M 1/75 (VRA 15 (4))

TO FUNERAL DIRECTOR After this certificate hos been

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. IMPORTANT: If Item 21 is marked or Item 18 shows ony

24 FUNERAL DIRECTOR
11800 N.H. Avenue,
NAME
Hines/Rinaldi Funeral Home Silver Spring, Md.

250. DATE REC'D. BY REGISTRAR 25 JEGISTRAR'S SIGNATURE 100 V 23 1982

71 11 and .5 Cluster St. Content of the Content o

deoth. Poge 4 may be O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death

and campletely filled in by the fundages 1 and 2 should be filed with man

medicol

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MMORIANI: If Hem 21 is marked or Item 18 shows any injury, or other troumatic event, the medical

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9

2

1		REGISTRAR				CEKITIF	ICATE OF	DEATH	RE	G. NO.			
1		EASED NAME	FIRST		WIDDLE	Į	AST		26. DATE OF DEA	Н момтн	DAY	YEAR	26 HOUR
	{ I ANE C	DR PRINT)	RY	M		НО	OD			11	08	82	6:45pm
1	3 SEX			4 RACE		5. DATE C			6 AGE (IN YEARS LA	ST BIRTHDAY)		DER 1 YEAR	IF UNDER 24 HRS
1		female		negro)	10	23	88	94	YE		DAYS	HOURS MIN.
9		THPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER	MARRIED 50	9. BALTIMORE CI			HTAS	
		aryland		USA		WIDOWE		IVORCED	Monto	omery	Co.		MD
9	IO CIT	Y OR TOWN OF DEA	ATH		HOSPITAL, NURSIN	G HOME C	Parker		12a USUAL OCCU	JPATION	12		OF BUSINESS OR
1	01:	ney			omery Gen		Hosp.		retired) Chi	Id ca	ire M	<i>lother</i>
1	USUAI 13ø. ST	L RESIDENCE (IF NURS	136 COUI	ROTHER INSTITUTION		ADMISSION)		CITY LIMITS?	13e. STREET ADDR Box 38	ESS			
		HER'S NAME		-			15. MOTHER	S MAIDEN NA	AWE		1 110		
7	M	Cha Cha	rles	R. Hood	LAST		1500	Mari Mari	tha Fuller	DLE		LAS	51
		AS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORM	ANT	A	DDRESS			
	(YE	NO OB UNKNOWN)	(# YES, GI	VE WAR OR DATES)	213 38 4	184	Tim P	rather	(Foster-s	on)	same	as #	13
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter or	nly one couse per ED BY:		1111	c.Ana	JARY	1 Ebe	79.65	-	APPROX BETWEEN	ONSET AND DEATH
		11	IMMEDIA	TE CAUSE (o)		10		1		-		/ 6	
		Conditions, if ony	, which	DUE TO, O	R AS CONSEQUE	2ºP	ALU	45C	place.	DEN	0	24	WKS
		gove rise to immediate couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE SOLUTION									YEARS		
			NIFICANT	-	STROK			TO THE TERM	MINAL DISEASE OR	CONDITION	GIVEN I	PART 1	0
7	CERTIFICATION	19a. DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?				NGS USED S OF DEATH?
	TE								YES NO	_	YES 🗌	CAUSES	NO 🗆
		OR CONTRIBUTING			OF INJURY .M. MONTH DA	Y YEAR	21c. HOW I	NJURY OCCUP	RED (ENTER NATURE O	F INJURY IN ITEM	A 18, PART 1 (OR PART 2)	
	S E	(IF EITHER NOTIFY MEDI			м.	19							
	MEDICAL	21d INJURY OCCUR			OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATI		CITY	OR TOWN	(OUNTY	STATE
	_	AT WORK AT WO	HILE D	/			1/20	-0	7 4	10		2-	
		17n.1 cortify the (1)	Zolive or	ott view the bady	101	12	nd that is my) our) opinion	death occurred on	the dote and	hour and	from the	tho (1) (ve) lost couses stated
		22h SICHWATURE	0	, D	1		DEGREE					THE DATE	IGNED
		X 200	ako	4	V per	125			MEDICAL DIRECTOR P	HYSICIAN [11/	8/8
		22d. PHYSICIAN'S N.	AME (TYPE		M -		22e ADDRE		-1 M.		xo	-	
		D. R			MIZ				YAZ		08	36	_
	23a. Bl	JRIAL CREMATION	REMOVAL	236 DATE	23c N	NAME OF C	EMETERY OR	CREMATORY	23d, LOCATION	1			

BP DHMH-16 30M 2/80

etained by the hospital ar attending physicio

24 FUNERAL DIRECTOR (VRA 15, 4)

George R. Snowden

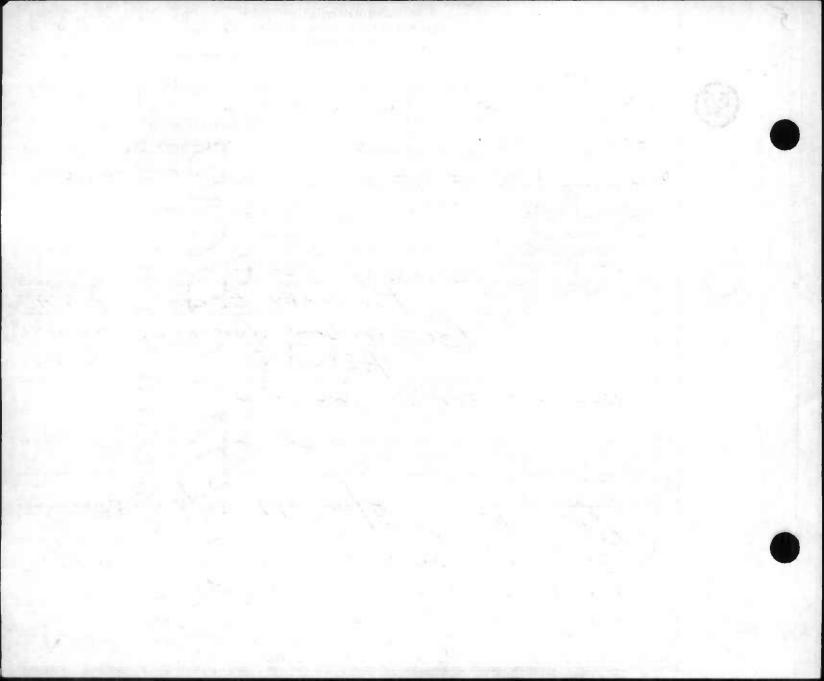
Burial

11-12-82

Mutual Memorial Cem.

Sandy Spring, Montg. Md.

246 N. Washington Street 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR SCIENTIFIC ROCKVILLE, Md. 20850 NOV 15 1982



and 2 is

please remove carban papers. Pages 1

should be detached far use as the burial-transit permit. Then please remove carbanpape with the State Dept; of Health and Mental Hygiene prior to burial, cremation, or remaval

TO FUNERAL DIRECTOR: After this certificate has been

ar attending physician

ATTENDING

HOSPITAL

etoined by the hospital

BP.

DHMH-16 50M 1/81 (VRA 15, 4)

/	1.	FOR - STATE REGISTRAR	DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	2 9	666		
		CEASED NAME FIRST	MiDale F.	44.	asi a	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR		
	3. SE	EdNA	4. RACE	5. DATE C	Thes	6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 ARS				
	1	Female	Caucasian		20, DAY 1898AR	84	YRS.			
550		IRTHPLACE (STATE OR FOREIGN COUNTRY) Indiana	76 CITIZEN OF WHAT COUNTRY? United States	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY C				
Postpod of	Ke	ensington	11. NAME OF HOSPITAL, NURSIN UF NOT IN SUCH FACILITY, GIVE STREET Kensington Gard	IG HOME C		120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Secretary	ON 126	MD. KIND OF BUSINESS OR DUSTRY Plumbing		
35	13a.	aryland Mont	other institution give residence before ITY I3c. CITY OR TOW Kensing	N	13d. INSIDE CITY LIMITS? YESXXX NO [mas Avent	Zip Code: ue 20906		
150	14. F/	ATHER'S NAME UNKNOWN	Bobbit		Elizabeth	MIDDLE		Gresham		
medical	160 \	WAS DECEASED EVER IN U.S. AR (18 YES, NO OR UNKNOWN) (18 YES, GIV NO N	MED FORCES? 166 SOCIAL SECU SWAR OR GATES) 579-01-92		Mabel Farrar			ne Oak Drive thesda, MD		
other traumatic event,		PART I. DE ATH WAS CAUSE	by one couse per line for the last of the DBY: E CAUSE (b) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	nce of	stroker	leoware		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 Mex		
injury, or	NOI	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN	PART 1 o		
2 Suns our	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERING OF YES	E FINDINGS USED CAUSES OF DEATH? NO		
Hem 18 sh	MEDICAL CER	710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART TOR	PART 2)		
markedar	MED	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN CO	DUNIY STATE		
21 is			ol) attended the deceased from	5°2. on	d that in (my) (aur) apinian d	eath accurred an the do	ite and hour and f	that (I (we) last		
ZT: If Item		226 SIGNATURE	estain, 1	1.1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAR	F_	11/20/8Z		
MPORTANT		B. N. ROSE	NBAUM		27e ADDRESS 3720	SFARRAGUSINGTO	SUT AU	20895		

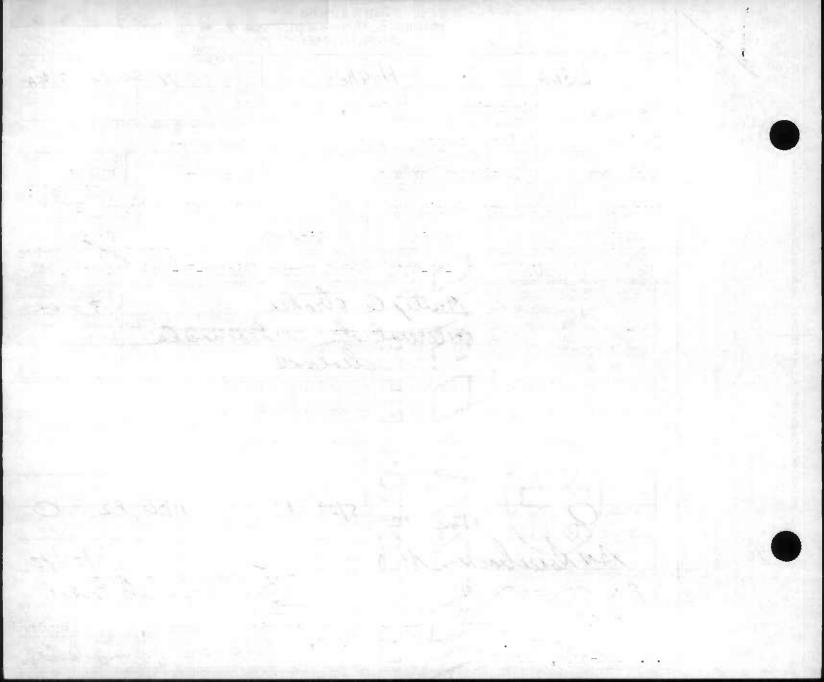
230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23d. LOCATION
CITY OR TOWN

Darnestown

Bethesda, Maryland

REMOVAL 23b. DATE November NAME OF CEMETERY CEMETERY 23d. 22. 1982 Darnestown Presbyterian Robert A. PUmphrey Funeral Homes, 25a. Day Republication 250. DANE PROVIDENCE 24 FUNERAL DIRECTOR



J	(1)	B
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. No By reques that the least certificative described within 24 hours also de	TO FUNERAL DIRECTOR. After this certificate has borg signed by the bitinding pitherion and completely filled in by the fundal selevable is detached for use as the burial-tracial permit. Then please remove corbosopolitis. Pages 1 and 2 should be filled within with the State Debt, of Health and Mercell Pagese print to the burial, commutan, an emocal.

	1 -	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 2 2 9 6 6 7
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
560		Leo	Calvin	Hull	November 03, 1982 4:13
	3. SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24
1		male	white	11 11 17	64 yrs.
PL	(RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
2		ryland	United States		
18		olney	Montgomery Ge	eneral Hospital	126. USUAL OCCUPATO MER (TYPE OF WORK FOR MOST OF WORK MOST IF) RETIRED TOCORY
35	M	aryland Fre	or other institution, give residence before INTY 13c. CITY OR TOWN THE CONTROL OF	ick YES NOX	7112 Sundays Lane
100		arry	C. Hull	IS. MOTHER'S MAIDEN NA Zuláh	May Stephens
2 medica		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, G)	IVE WAR OR DATES)	JRITY NO. 17. INFORMANT	ADDRESS
or to guriou, crements injury, or other tra	NOIT	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	Homes	DEATH BUT NOT SELVED TO THE TERM	
2	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO YES NO
Bran 18	MEDICAL CE	2 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH D. ER) P.M.	AY YEAR	RRED (ENTER NATURE OF INJURY IN JIEM 18 PART I OR PART 2)
orked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE I	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN COUNTY STA
2) a m		saw the deceased alive a abave, (I) (we) (did) to dis	onell areader the leceased from in	and that in (my) (bes) apinian	
		22b. SIGNATURE	" Attach	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN
The State Dept.	N. A.	22d. PHYSICIAN'S NAME (TYPE		22e. ADDRESS	Md. 20832
12.	23a F		es H. Ligon, N	22e. ADDRESS	Md. 20832 123d. LOCATION Brentwood P.G. Md. STA

٦٠ ا تعتار ا eredgets we delut tid 213-12-117 Lucotte into per es es el mo 00 00 .5 .75 noortust mice i the contract fairn · I Au

7	2
1	

ottending physicion and completely filled in by the fu ove carbanpapers. Pages 1 and 2 should be filed with

jury, or other troumotic event, the

MEDICAL CERTIFICATION

or removol.

STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND

3	1 4	
6	1	
	Size W	

MENTAL HYGIENE	8	2	6.	. 9	0	6	8
DEATH		REG. N	10.				
2. 0	ATE OF	DÉ ATLL	MONITAL.	DAY	VEAD	01 440110	-

REGISTRAR			CERTIFICAT	E OF DEATH		REG	NO.				
I. DECEASED NAME	FIRST	MIDDLE	LAST		2a. DATE	OF DÉ ATH	HINOM	DAY	YEAR	2b. HO	UR
(TYPE OR PRINT)	Harri	s Reeder	Hung	gerford			t/ev	30	30 1982		2 pm
3. SEX		4. RACE	5. DATE OF BIR	тн	6. AGE (1	N YEARS LAS	(BIRTHDAY)		JNDER I YEAI	_	R 24 HRS
Mele		White	Aug.	20,1896		86	Y	RS.	THS DAYS	HOUR5	MIN.
	OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIN	AORE CIT	Y OR COL	JNTY O	DEATH		
Maryland		U.S.A.	WIDOWED _	DIVORCED	Mon	tg•m	ery	Cou	nty,		MD
Olney	DEATH	11. NAME OF HOSPITAL, NURSIN MONEY OF HOSPITAL, NURSIN MONEY OF HOSPITAL, NURSIN			TOPE OF W	Rectur	Medi Stoework Ser		12b. KIT D INDUTRY E		GVt.
USUAL RESIDENCE (# N 130. STATE Maryland	- 113h COUR		N 0 13d 1	NSIDE CITY LIMITS?	13e. STREE	1 ADDRES	s rken	hea	d Co	urt	

19, F	John	G.	Hungerfo	ord LAST		Nettie		Reeder	LAST	
160	WAS DECEASED E	EVER I	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY NO.	17 INF	ORMANT		ADDRESS Same	as #	13
	7			220-46-7805	Т.	Victoria	С.	Hungerford-		
	10 CALISE OF	TEATL	4 (Enter only one source on	ting for (a) (b) and (a)					APPROXIMA	THE INTER

DADT I DE ATH WAS CALISED	ly one couse per line for (a), (b), and (b) BY: E CAUSE (a)	preunase	r e	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
5070 Conditions, if ony, which	DUE TO, OR AS A CONSEQUEN	CEOF Deffective	strokes notific	4eers
gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUEN		Hemispheric (B)	

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 625 1705 + 07 24 Nov 82	Repeated dspira	on was performed	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES [
	P.M. 19	21c. HOW INJURY OCCURRED	O (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART	2)
21d INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN COUNTY	STATE

19 82 , that (I) (-) 22a.1 certify that (1) (this hospital) attended the deceased from.

obove, (I) (we) (did) (did not)		pody offer death.	, and that in ((our) opinion death occurred o	on the date and hour	and from the couses states
22b. SIGNATURE			DEGREE	•		22c. DATE SIGNED
Mustaso	1.	Delavel	40	ATTENDING MEDICAL	STAFF	12/1/8

22d. PHYSICIAN'S NAME (TYPE ORPRINT)	22e ADDRESS	Leisure	world	Medical	center
22d. PHYSICIAN'S NAME (TYPE OR PRINT) GUSTAUD S. Belaual		Silver	Sprin	15, Ma	20832

Burial	12/4/82	Christ Church Cem.	Wayside, Charles
236. BURIAL, CREMATION, REMOVAL	23b. DATE	236. NAME OF CEMETERY OR CREMATORY	23d. LOCATION

24 FUNERAL DIRECTOR (VRA 15, 4)

Arehart Funeral Home, IncoressLa Plata, Md.

250. DATE REC'D. BY REGISTRARY ST. REGISTRARY SIGNATURE

Co.Md.

DHMH-16 30M 2/80

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burnal-transit permit. Then please remove a with the State Dept of Health and Mental Hygiene prior to burial, cremation.

MPORTANT: If them 21 is morked or Item 18 shows

HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the hospital or attending physician.

ont overy County, Daugo . The ba. • regist Church • register of the control of th which the if Home, Develor Tates, die

	1	7

and campletely filled in ly

carbanpapers. Pages I and 2 sh

ather traumatic

marked ar Item 18 shows

BP.

STATE OF MARYLAND 1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

RY vanZILE	HYDE 5. DATE C	OF BIRTH	NOVEMBER 5	1982	26 HOUR 12:30
	5. DATE C	DE BIRTH			12:30
4 RACE		DE BIRTH	A ACE HALVEADS LAST BIRTHE		
and the second second second			B AGE (IN TEARS LAST BIRTHE		
CAUCAS	TAN MARC	H 3 1906	76	YRS MONTHS DAY	5 HOURS MIN.
	WHAT COUNTRY? 8.	The second second	9 BALTIMORE CITY OR		
INTER			MONTECOMED	177	
					OF BUSINESS OF
(IF NOT IN SU	ICH FACILITY, GIVE STREET ADDRESS)		TYPE OF WORK FOR MOST OF W	VORKING LIFE) INDUSTR	RY
			RETIRED I	Military	U.S. Nav
	13t. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
MONTGOMERY	BETHESDA	YES NO X	5920 BRADLE	Y BOULEVAL	RD
MIDDLE			ME		
	LASI				LAST
	166 SOCIAL SECURITY NO.	17 INFORMANT			
	015 00 0000			5000	
1942-1960	1 215-38-2809				
MMEDIATE CAUSE (b) UE TO, CO which diote the lost (c) (c)	OR AS A CONSEQUENCE OF SEVERE CORON OR AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BUT	NARY ATHEROSCL	INAL DISEASE OR CONDIT	TION GIVEN IN PART	DINGS USED
			YES X NO	YES X	NO 🗌
		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY II	NITEM 18 PART 1 OR PART 2	
OJE OF DEATH	.M. 19				
EAAMINER) F.					
7	H 11. NAME OF (IF NOT IN SU NAVA NAVA NAVA NAVA NAVA NAVA NAVA NAV	UNITED STATES WIDOWE H 11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE SIREET ADDRESS) NAVAL HOSPITAL GHOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 3b. COUNTY MONTGOMERY MIDDLE LAST YDE 4 U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 1942-1960 215-38-2809 (Enter only one couse per line for (a), (b), and (c) SCAUSED BY: WMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF SEVERE CORON which digite the lost CONGESTIVE HEAF DUE TO, OR AS A CONSEQUENCE OF SEVERE CORON Which digite the lost (c) FICANT CONDITIONS CONTRIBUTING TO DEATH BUT 196 CONDITION FOR WHICH OPERATIO	THE PROPERTY OF THE PROPERTY O	UNITED STATES WIDOWED DIVORCED MONTGOMER H 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (# NOT INSUCH FACILITY, GIVE STREET ADDRESS) NAVAL HOSPITAL GHOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 3b. COUNTY NOTION BETHESDA MONTGOMERY MONTGOMERY MONTGOMERY MONTGOMERY MONTGOMERY MONTGOMERY BETHESDA 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 5920 BRADLE 15. MOTHER'S MAIDEN NAME FIRST MADELINE VANZILE MADELINE VANZILE MADELINE VANZILE HENRY VANZILE HYDE, JR, (Enter only one cause per line for (a) (b), and (c) SCAUSED BY: MADEL VARD, BETHESDA, MD SCAUSED BY: MONTGOMER RETIRED 13e. USUAL OCCUPATION (TYPE OF WORK FOR MORS OF OTHER INSTITUTION) (TYPE OF WORK FOR MORS OF OTHER INSTITUTION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 5920 BRADLE MADELINE MIDDLE MADELINE MADELINE MIDDLE FIRST MADELINE MIDDLE MIDDLE MIDDLE MADELINE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MADELINE MIDDLE MADELINE MIDDLE MIDDLE	MARRIED WIDOWED DIVORCED MONTGOMERY H 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF YET OF WORK FOR MOST OF WORKING (JEE) NOT INSUCH FACILITY, GIVE STREET ADDRESS) NAVAL HOSPITAL GHOME OR OTHER INSTITUTION (IF YET OF WORK FOR MOST OF WORKING (JEE) NOUST RETIRED MILITARY GHOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 36. COUNTY MONTGOMERY BETHESDA 136. INSIDE CITY LIMITS? 136. STREET ADDRESS 5920 BRADLEY BOULEVAR MIDDLE LAST MADELINE VANZILE HADDELINE VANZILE WIDDLE U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 1942-1960 215-38-2809 HENRY VANZILE HYDE, JR, 5920 BRADI (Inter only one couse per line for (a), (b)), and (c) SCAUSED BY: MMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE DUE TO, OR AS A CONSEQUENCE OF SEVERE CORONARY ATHEROSCLEROTIC HEART DISEASE FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ON 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216. AUTOPSY? 126. IF YES, WERE FINE INCERTIFYING CAUSE LEVIES NAIDE OF INJURY 10 PART 10

TO FUNERAL DIRECTOR. After this certificate has been signed by the attendin should be detached for use as the burial-transit permit. Then please remove cark with the State Dept, of Health and Mental Hygiene prior to burial, cremation, an MPORTANT: If Item 21 is

22b. SIGNATURE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN NAVAL HOSPITAL, NATIONAL NAVAL

5 November 198

22c. DATE SIGNED

MICHAEL M. VANNESS, LT.MC, USNR

obove, (I) (we) (did) (did not) view the body ofter death

MEDICAL CENTER, BETHESDA, MD 20814

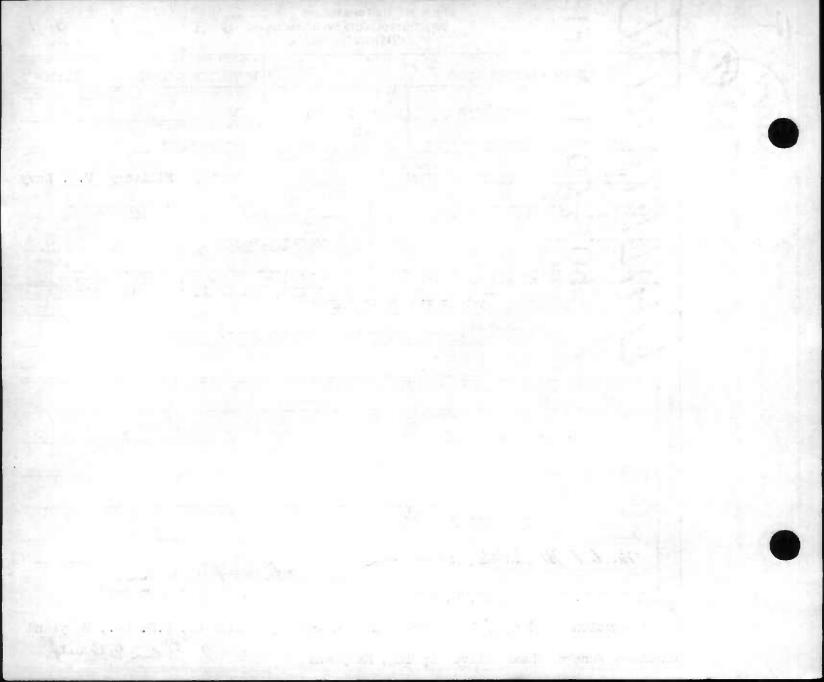
Nov/5/82 Cremation

23c NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory Suitland,
250 Date REC'D. BY REGISTRAR NOV 10 1982

Suitland, P.G. Co., Maryland

24 FUNERAL DIRECTOR DHMH-16 50M 1/B1 (VRA 15, 4)

Silver Spring, Maryland Chambers Funeral Home



	Pe
	ay
	-4 F
	ge
	9.
	d b
	P
	offe
2	375
7	ho
2	24
2	- F
X	3
٤	peq
X	Gecu
2	6
	9
20	1001
2	erfif
S	4
2	dea
7	he
3	at
20	S.
Ś	.5
5	760
DIVISION OF VII AL RECORDS, 201 W. FRESTON ST., BALLIMORE, MARTLAND 21201	30
ž	he
=	7 7
5	IA
z	YSIC
2	PH
<u> </u>	9
•	9
	TEN
	AA
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retrined by the hospital or attending physician
	ITAI
	SP
	HO
	2

TO FUNERAL DIRECTOR: After this certificate hos been signed by the oftending physician and completely filled in by the functional be detached for use as the buriol-tronsit permit. Then please remove corban popers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

IMPORTANT: If them 21 is marked at them 18 shows any injury, at other troumatic event, the medical examiner frugt be natified.

retained by the hospital or

BP. DHMH - 16 50M 1/76

(VR A 15 (4))

page 3

STATE OF MARYLAND 9 5 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR				AND MENTAL HYG		REG. NO.	40/	U
		EASED NAME DOROTI	othy 1 RACE	5. D	IN NG P C ATE OF BIRTH		20 DATE OF DI	S LAST BIRTHDAY) 73 YRS.	16-82 9 IF UNDER LYEAR ONTHS DAYS HOURS	A M DER 24 HRS
-	In	RTHPLACE ISTATE OR FOREIGN (VATIOUS ALL)	USA	WIE	OOWED	Kever married DIVORCED	Mont	city <u>or</u> county o tgomery	-568	MD.
	0	ney	(IF NOT IN SU		S POVE	A)	1 (1	OR MOST OF WORKING LIFE)	126. KIND OF BUSI INDUSTRY Home	NESS OR
	13a S	AL RESOLUTE ALL PROPERTY AND ALL PROPERT	or other institution unity	GAITHERS	BURGES		13° STREET AD	DRESS Walkers	Choice	Rd.
1		Alvin -		eddis	На	Attie		Clap	LAST	
	16a V	VAS DECEASED EVER IN U.S. A 'ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	540-36-89		Harold I	Ingram	Same as	# 13	
	NOI.	Conditions, if ony, which gove rise to immediate couse ioi, stating the underlying couse lost. PART 2. OTHER SIGNIFICAN.	DUE TO, O DUE TO, O DUE TO, O DUE TO, O	OR AS A CONSEQUENCE OR AS A CONSEQUENCE ONTRIBUTING TO DEATH	esur	For a Son A / elated to the term	Seine	ech disens	72 4 6 2 12 10 10 10 10 10 10 10 10 10 10 10 10 10	ens ens
	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	21b. TIME C		21c H	PERFORMED OW INJURY OCCURE	-	IN CERTIFY YES	-	ATH?
	MEDICAL	OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	R) P	.M. MONTH DAY) .M. OF INJURY REET, FACTORY, OFFICE, FARM, E	19 211 Le	OCATION STREET	CI	ITY OR TOWN	COUNTY	STATE
		22a. I certify the (II) this hos sow the deceased live above (II) we) and (id) and 22b. SIGNATURE	on 5 Anot) view the body	votter death.	DEGREI Le 5	1976 in (my) our) opinion of ATTENDING PHYSICIAN DDRESS 18111	MEDICAL DIRECTOR	STAFF PHYSICIAN	9 B the To and from the couses 22c DATE SIGNE 11/6/8-	
	24. FU	URIAL CREMATION, REMOVA CREMATION UNERAL DIRECTOR LANCIS H. BA	NOV. 7	4	e Cre	matory 208 19 DA	23d. LOCATION CITY OF TO	Swn Stant	D. 2. Cal	STATE

1115 T 110 T . DE coloni manth chief y extra allera - trivi The second second lines Pond-3--047

The contract of the contract o

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTIAND 21.201	SSPITALOF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours and by the hospital or attending physician.
7	24 h
	thin
	× ×
È	cute
A C	en X
ž.	te be
N N	fica
	cert
2	eath
	he d
	hat t
5	res t
3,	edni
2	Jan 1
N N	The
ž.	N C
-	Sici)
2	HYS 9 phy
2	VG P
2	NDIF
	TTE
-	OSPITAL OF ATTENDING PHYSICIAN ed by the hospital or attending physician.
	L J
	PITA by th
	SC

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows

STATE OF MARYLAND

FOR STATE REGISTRAR			DEPARTI		FICATE OF DEATH	REG.	NO.	2 4 0	
1. DECEASED NAME	FIRST	,	MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(TITE CALLERING)	BENJA	MIN	BARNEY	J	TACOBS	NOVEMBER	16,	1982	9:00 AM
3 SEX	1	RACE		S. DATE C		6 AGE (IN YEARS LAST	RTHDAY)	IF UNDER 1 YEAR	
MALE	2 1	WHITE		NOVEMBER 29, 1899		82	YR	MONTHS DAYS	HOURS MIN
	BIRTHPLACE ISTATE OF FOREIGN 7% CITIZEN OF WHAT COUNTRY?		DEVER MARRIED	9 BALTIMORE CITY	_				
NEW YORK	NEW YORK U.S.A. WIDOWED			MONTGOME	RY CO	OUNTY	MD.		
O CITY OR TOWN OF	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME O			17e USUAL OCCUPA			OF BUSINESS OR		
SILVER SP	RING	HOLY	CROSS HOS	SPITAL		SUPERVIS	OR	RACI	E TRACK
USUAL RESIDENCE (IF) 130 STATE MARY LAND		GOMERY	GIVE RESIDENCE BEFOR 134 CITY OF TOX WHEATO		136 INSIDE CITY LIMITS?	13. STREET ADDRES		MILL ROAI	D
JACOB IRST	M	IDDLE	JÁCÖBS		15. MOTHER'S MAIDEN NA. ESTHER	WE		NES'S	S'LER
WAS DECEASED EN	VER IN U.S. ARM	NED FORCES?	166 SOCIAL SECT		17 INFORMANT ROSE L. JA	1209 ACOBS, WHEA	35SVE	IRS MILL	ROAD
PART 2 OTHER S	immediate toting the buse lost.	(c)_	RAS A CONSEQUE	DEATH BUT	TNOT RELATED TO THE TERM ROJU (SACZNER)			GIVEN IN PART 1	(0)
210. ACCIDENT WAS	RATION	196 COND	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		FYES, WERE FIND RTIFYING CAUSE YES	
OR CONTRIBUTING (IF EITHER, NOTIFY M 21d. INJURY OCC	CAUSE OF DEAT	P. 21e PLACE	M. MONTH D. M. OFINJURY	AY YEAR	211 LOCATION	A			STATE
	T WORK	(AT HOME, STI	REET, FACTORY, OFFICE, I		. Landerson	CIITOKI	OWN		SIAIE
saw the dec	t (I) (this hospite eased olive on_ e) (did) (did not)	11/11			nd that in (my) (our) opinion	death occurred on the	date and		, that (1) (we) lost e couses stated
226. SIGNATURE	Nox	ruli	w.			MEDICAL ST	AFF SICIAN [22c DATE	IM/82
DR.			SULI, M.	D.	11500 OLD GE	EORGETOWN 1	ROAD,	ROCKVIL	LE, MARYLA
230. BURIAL, CREMATIC BURIAL	ON, REMOVAL	136. DATE 11/18/	1982 KI	NAME OF C	CEMETERY OF CREMATORY VID MEMORIAL G	GARDEN PA	LLS	снижен, і	VIRGINIA

DHMH-16 25M (VRA 15, 4) 1/79

24 DOMAYDEMOR STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

NOV 22 1982

Control A

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		
IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIM	MARYLAND 21201	
IVISION OF VITAL RECORDS, 201 W. PREST	ALTIM	
IVISION OF VITAL RECORDS,	S	
IVISION OF VITAL RECORDS,	3	
IVISION OF VITAL RECORD	201	
	IVISION OF VITAL RECORD	

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer retained by the haspital or attending physician.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	R PRINT)	WIDDLE		LAST	REG. NO. 20 DATE OF DEATH MONTH	DAY YEAR 2b. HOU
	ESTHER	H	JAC	OBS	November 5	1982 107
3. SEX		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS
	Female	Caucasian		ust 24,1890	92 YRS.	
7a, BIRT	HPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	Y OF DEATH
	necticut	U.S.A.	WIDOWE		Montgomery	
		11. NAME OF HOSPITAL, NURS	ET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	12b. KIND OF BUSINE INDUSTRY
	USINGTON RESIDENCE (IF NURSING HOME OF	Kensington Gar		ursing Home	Homemaker	
13a. ST.	ATE 131 COU	NTY 13c CITY OR TO		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	04.
	<u>recticut New :</u>	Haven Meriden		YESXX NO	38 South First	Street 06
	FIRST		lorse	T2913	MIDDLE	O . I I O
160 WA	Emil AS DECEASED EVER IN U.S. AR	Morise RMED FORCES? 166 SOCIAL SEC		Tillie		Schnabel
LYES		VE WAR OR DATES)		۵		Woodside Pl
No		045-22-		Carl E. Jaco	os suver si	pring, Md. 2
		nly one couse per line for (0), (b), (c) BY: TE CAUSE (0)	ESTI	UE HEALT	FAILURE	MONTHS
	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF			
P	couse (o), stoting the underlying couse lost. ART 2. OTHER SIGNIFICANT ((c)CONDITIONS CONTRIBUTING TO	D DEATH BUT	NOT RELATED TO THE TERM	ain al disease or condition giv	
P	couse (o), stoting the underlying couse lost.	(c)CONDITIONS CONTRIBUTING TO	D DEATH BUT	OF THORAG	200 AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEAT
P	couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO A B EUR 196 CONDITION FOR WHICE	D DEATH BUT	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEAT S NO
CERTIFICATION	PART 2. OTHER SIGNIFICANT (D / S F C T / D . DATE OF OPERATION 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	CONDITIONS CONTRIBUTING TO A B EUR 196 CONDITION FOR WHICE 216. TIME OF INJURY HOUR A.M. MONTH	D DEATH BUT	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEAT S NO
CERTIFICATION	Couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT (D / S JE C T () D. DATE OF OPERATION 10. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO A B EUR 19b CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY	D DEATH BUT LYSA TH OPERATIO DAY YEAR 19	N WAS PERFORMED 21c. HOW INJURY OCCURI	20a. AUTOPSY? 20b. IF YES IN CERTIF YES NO YE	S, WERE FINDINGS USED FYING CAUSES OF DEAT S NO PART L OR PART 2)
SEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT OF DISTRIBUTION OB. DATE OF OPERATION OB. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 18. INJURY OCCURRED	CONDITIONS CONTRIBUTING TO A BELLA ELLA ELLA ELLA ELLA ELLA ELLA E	D DEATH BUT LYSA TH OPERATIO DAY YEAR 19	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEAT S NO
MEDICAL CERTIFICATION	COUSE (0), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT (DISSECT) On DATE OF OPERATION OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) TWORK NOT WHILE ALWORK NOT WHILE WORK	CONDITIONS CONTRIBUTING TO A B EUR 19b CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE intol) ottended the deceased from	D DEATH BUT Y J M TH OPERATIO DAY YEAR 19 E. FARM, ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCURI	20a. AUTOPSY? 20b. IF YES IN CERTIF YES NO YE	S, WERE FINDINGS USEL PYING CAUSES OF DEAT S NO PART LOR PART 2)
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT (D / S / E / C / C / C / C / C / C / C / C / C	216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	D DEATH BUT Y J M TH OPERATIO DAY YEAR 19 E. FARM, ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCURI 21f. LOCATION STREET	20a. AUTOPSY? 20b. IF YES IN CERTIF YES NO YE	S, WERE FINDINGS USEE EYING CAUSES OF DEAT S NO PART LOR PART 2) COUNTY S
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT (D / S / E / C / C / C / C / C / C / C / C / C	CONDITIONS CONTRIBUTING TO A B EUR 19b CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE intol) ottended the deceased from	D DEATH BUT TH OPERATIO DAY YEAR 19 E. FARM, ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCURI 21f. LOCATION STREET	20a. AUTOPSY? 20b. IF YES IN CERTIF YES NO YE RED (ENTER NATURE OF INJURY IN ITEM 18 P	COUNTY S 22. DATE SIGNED
MEDICAL CERTIFICATION	COUSE (0), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT (1) In. DATE OF OPERATION In. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTHEY MEDICAL EXAMINED COURSE) WHILE NOT WHILE COURSE OF DEAL WORK YOUR COURSE OF DEAL WORK 20.1 Certify that (1) (this hosp sow the deceased alive on obove, 1) (which is the control of the course of the deceased alive on obove, 1) (which is the course of the deceased of the obove, 1) (which is the course of the cou	216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	D DEATH BUT TH OPERATIO DAY YEAR 19 E. FARM, ETC.)	N WAS PERFORMED 216. HOW INJURY OCCUR! 216. LOCATION STREET 19.80 and that in (my) (our) opinion DEGREE ATTENDING	20g. AUTOPSY? YES NO YE RED (ENTER NATURE OF INJURY IN ITEM 18 P CITY OR TOWN death accurred on the date and hou	COUNTY S
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT OF DESCRIPTION TO DATE OF OPERATION TO ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DESCRIPTION THE CONTRIBUTING OF CAUSE OF DESCRIPTION THE CONTRIBUTING OF CAUSE OF DESCRIPTION THE CONTRIBUTION OF CAUSE OF DESCRIPTION THE CONTRIBUTION OF CAUSE OF DESCRIPTION OF CAUSE OF DESCRIPTION OF CAUSE OF C	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE off view the body ofter death.)	D DEATH BUT TH OPERATIO DAY YEAR 19 E. FARM, ETC.)	N WAS PERFORMED 216. HOW INJURY OCCURI 214. LOCATION STREET And that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	20g. AUTOPSY? YES NO YE RED (ENTER NATURE OF INJURY IN ITEM 18 P CITY OR TOWN death accurred on the date and hou MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY STORM TO THE TOTAL OF TH
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT OF DESCRIPTION OB. DATE OF OPERATION OB. CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) TI. WORK AT WORK 20.1 certify the did (this hospi sow the deceased olive on obove, If (XX Glid) (did no 2).	19b CONDITIONS CONTRIBUTING TO A B SUP 19b CONDITION FOR WHICE 21b, TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY IAT HOME STREET, FACTORY, OFFICE attol) ottended the deceded from 11 view the body olter death	D DEATH BUT TH OPERATIO DAY YEAR 19 E. FARM, ETC.)	N WAS PERFORMED 216. HOW INJURY OCCURI 214. LOCATION STREET And that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	20g. AUTOPSY? YES NO YES IN CERTIFY YES NO TOWN CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR TOWN	COUNTY STORM TO THE TOTAL OF TH

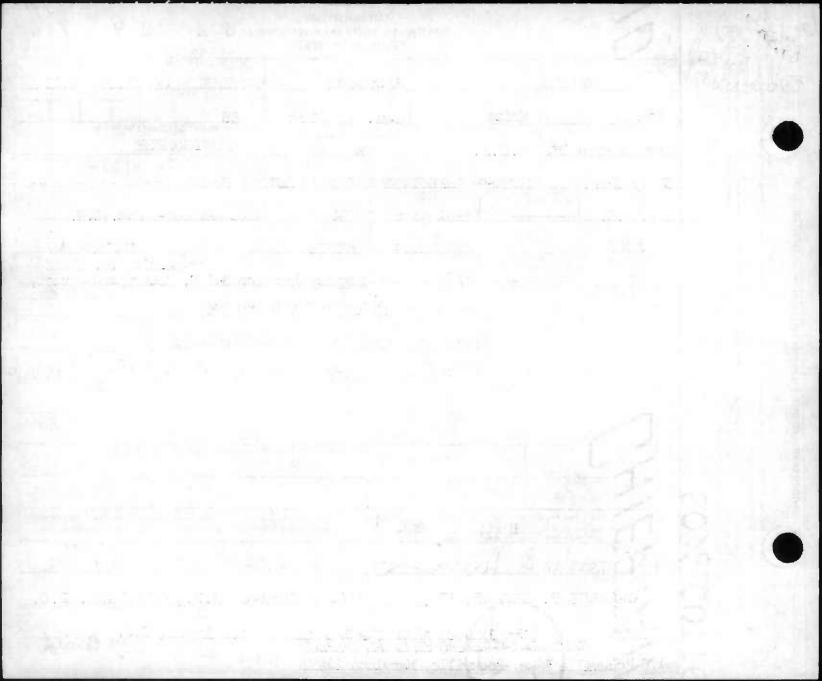
(M)

CONSCIPLE HEALT FAILURE DIESE VERKL

TOTALE PARKET OF THICKER BOXTOT

TEPSON - CLANDER MAN MEN MEN MAN MAN STANKE

1	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2 2 9 6 7 6
Y		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	26. DATE OF DEATH MONTH DAY YEAR 26. HOUR
11.		BERTHA		JACOBSON	NOVEMBER 11, 1982 6:05
	3. SE)		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24
1		emale	White	Jan. 6, 1894	88 YRS.
9	(OUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
	Wa	shington DC	U.S.A.	WIDOWED DIVORCED DIVORCED DIVORCED	MONTGOMERY 126. USUAL OCCUPATION 126. KIND OF BUSINESS
1			IF NOT IN SUCH FACILITY, GIVE STREET	T ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
X	Ch USU/	EVY Chase	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	MENT & NURSTNG CEN	TER; Housewife
					13e. STREET ADDRESS
1		h. D.C. I	Washingt	TON YESXIX NO	4201 Cathedral Ave., N.W.
M		FIRST	AIDDLE LAST	FIRS1	MIDDLE
01	Ián V	JACOB	GOT.DBF MED FORCES? 1166 SOCIAL SEC		WASSERMAN
3		ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		Alexandria, Va. 22312
-		NO I	y ane cause per line for (a), (b), or		bson; 301 N. Beauregard Stree
		cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT C	, (c) 11117721	d) 20/600ptic 460	WIND DISEASE OR CONDITION GIVEN IN PART 110
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
6	ERT	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	YES NO YES NO NO RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
6		OR CONTRIBUTING CAUSE OF DEA	in .	AY YEAR	
/	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION	CITY OR TOWN COUNTY STA
	×	WHILE NOT WHILE AT WORK	(A) HOME, STREET, FACTORY, OFFICE,	FARM, ETC) STREET	SILLA DIK LOWN COUNTY SIL
			al) attended the deceased from,	Sept. 1979	, to 1982, that (I) (w.
		saw the deceased alive an	198	and that in (my) (aur) apinion	death accurred an the date and haur and fram the causes stat
_		THE SIGNATURE N	A. Mlla	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN
1		22d. PHYSICIAN'S NAME THE CH	PRINTE	22•. ADDRESS	1111
		CHARLES B.	ABRAMS, MD	2141 K Str	eet, N.W., #702; Wash., D. C
1		URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION
	(Burial	Nov 12 1982 AT	AS ISRAFI CEMETERY	Washington D.C.
2	24. FL	NERAL DIRECTOR DANZAN	SKY-GOLDBERG ME	MORIAL CHAPELS 250 DA	TE REC'D. BY REGISTRAR AN RED ISTRAR SIGNATURE
			ke: Rockville.		JA I LIDOT A



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 6

FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE O C. REG. NO.	90/4
1. DECEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Rose	F,	Jaffin	11 22	1982 12:50A _m
3. SEX	4. RACE	5. DATE OF BIRTH 25 191	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	12 Qk 25	-	MONTHS DAYS HOURS MIN.
76. BIRTHPLACE (STATE OR FÖREIGN COUNTRY) New York	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN	
Silver Spring	Holy Cross	Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Retired U.S.	12b. KIND OF BUSINESS OR INDUSTRY GOV't. Atty.
	or other institution, give residence be JNTY 13t CITY OR T Ltgomery Chevy	Chase YES X NO	2949 Terrace	Drive 20815
14 FATHER'S NAME FIRST Abraham	B. Freidli	n Is. MOTHER'S MAIDEN Sarah	MIDDLE	Dwoskin
160 WAS DECEASED EVER IN U.S. A	IVE WAR OR DATEST			Terrace Dr.
No -	213-4	4-5953A George		
	only one cause per line for (a), (b) SED BY: ATE CAUSE (a) CAV	diagenic 1	hock	approximate interval Between onset and death
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE	te Myocardia	E FAFARETION	Gherr,
	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	erminal disease or condition (GIVEN IN PART 110
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a. AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
	EATH HOUR A.M. MONTH	DAY YEAR 19	CURRED (ENTER NATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF E	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM ETC.)	CITY OR TOWN	COUNTY STATE
	pital) attended the deceased from 21	13	nion death accurred on the date and h	out and from the couses stoted
27h SIGNATURE	Balite	ATTENDIN PHYSICIAL	G MEDICAL STAFF N DIRECTOR PHYSICIAN	11-22-52
Jahn A	GALOTTE	220 ADDRESS 6	oks HiLRI K	BETHERDA MO
23a BURIAL, CREMATION, REMOVA (SPECIFY) Buria	11/24/82	NAME OF CEMETERY OF CREMATO Garde King David Mem	n . CITY OR TOWN	county STATE
Warper E Pum	phrey, Inc.S		DATE REC'D. BY REGISTRAR 200 REG	

BP.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

DHMH - 16 50M 1/81 (VRA 15, 4)

3 hours Cardingenic Though De or stony anautier Infantion Galines Dingothe Amellion We such my -x JOHN A GALOTTO YOUR REALITIES ME

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	X
	7
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter dilatti. For executed)
retained by the haspital or attending physicion.	
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the futting and personal and completely filled in by the futting and completely filled in the completely f	
should be detoched for use as the burial-transit permit. Then please remove carbonpaper. Proget Land Schauld be then the minute manners and the should be detoched for use as the burial-transit permit.	
with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar remayal.	

	STATE OF MARYL
FOR	DEPARTMENT OF HEALTH AND

AND MENTAL HYGIENE

3	4.3	9	0	Lan
)	2	6-	9	O

- STATE REGISTRAR				CERTIFI	CATE OF DEATH	REG	NO.	, 0	1
I. DECEASED NAM	John		Riddle	Ja	meson	20 DATE OF DEATH	MONTH DA	82 2	10 A
3. SEX Male	3	4. RACE Whit	e	5 DATE O	F BIRTH 1-1902 YEAR	6. AGE (IN YEARS LAST			OURS N
BIRTHPLACE COUNTRY) Md		76. CITIZEN OF	WHAT COUNTRY	MARRIED WIDOWEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O		
Takoma	Park	11. NAME OF (IF NOT IN SUC Wash	HOSPITAL, NURS CHEACILITY, GIVE STREI Lington	ING HOME O ET ADDRESS) Adver	ROTHER INSTITUTION	12a USUAL OCCUP. (TYPE OF WORK FOR MO Dispa	ATION	126. KIND OF	
Md.			13t. CITY OR TO	WN	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRES 9724 -		ta Ave	
	narles	MIDDLE H.	Jame:		Margaret	A.		Thomps	
(YES NO OR UNKI	ED EVER IN U.S. AI	VE WAR OR DATES)	225-05		Theresa I		(Dtr.)	Same abov	е
o Cui	LUISCE OPERATION	entir A	earl L	Ciscas	OT RELATED TO THE TER. OF CHF. WAS PERFORMED	MINAL DISEASE OR CO	na S 20b. IF YES, V	WERE FINDING	
OR CONTRIBU	T WAS UNDERLYING [TING CAUSE OF DE DTIFY MEDICAL EXAMINE	R) P	DE INJURY .M. MONTH .M. OF INJURY	DAY YEAR	21c HOW INJURY OCCUI	YES NO RRED (ENTER NATURE OF I		-	NO [
AT WORK	NOT WHILE AT WORK	(AT HOME ST	REET FACTORY, OFFICE	0/10	STREET	CITY OF	TOWN 10	COUNTY	STATE
sow the obove, 22b SIGNA	e deceased alive or (1) (we) (did) (did n	of view the body	19	82 . on	d that in (my) (our) opinion		TAFF		uses stated
	AATION, REMOVA	23b. DATE			METERY OR CREMATORY Heart Cen	23d LOCATION CITY OR TOWN LaPla		EOUNTY	STATE
24 FUNERAL DIRE			Mt. Ra		25a DA	TE REC'D. BY REGISTR DV 23 1982		arles L'esteratur	Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

. With the second of the secon

and the second of the second o

evadir efteroke morrolla bila efteril e po

الراب المراب ال

FOR STATE	DEPARTME
ALL COMMON TO A STATE OF THE PARTY OF THE PA	

STATE OF MARYLAND

ENT OF HEALTH AND MENTAL HYGIENE

9 6 7 6

9

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME Vesta	MIDDLE	Jensen	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 955
FEMALE	1 RACE WHITE	S DATE OF BIRTH MONTH DAY YEAR 12 5- 189	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. RS.
TOWA	U.B.A,	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 MONTGOM	ERY MD
III. CITY OR TOWN OF DEATH ***********************************	11. NAME OF HOSPITAL, NURSING APPLICATION AND TO NOT IN SUCH FACILITY, GIVE STREET WASHING TON A	ADVENTIST HO	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	ING LIFE) 126. KIND OF BUSINESS OR INDUSTRY
130. STATE 130. STATE 130. STATE 130. CO 14 PATHER'S NAME FIRST 160 WAS DECEASED EVER IN U.S. A	NTGOMERS TAKEMI MIDDLE PAURE	ASEN YES IN NO IN	7051 CARROL	NELSEN
No		-5575 BETT	Y A. CHRISTENS	BEN SIL, SPR. Md
PART I. DEATH WAS CAU	only one cause per line far (o), (b), or SED BY: ATE CAUSE (a) DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU	ENCE OF UREMIA	117	2-3 ects
PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TO ANY SOUTH TO THE TO	J-liver dysfur 200 AUTOPSY? 206. I	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSEOFE (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH D	19 211 LOCATION	CURRED (ENTER NATURE OF INJURY IN ITE)	
22a.1 certify that (1) (this hos sow the deceased oliver above, (1) (we) (did) (did)	pital) attended the deceased from	and that in (my) our) opin	ian death accurred on the date and	hour and from the couses stated
22b. SIGNATURE	1. Sandetre	DE GREE ATTENDIN PHYSICIA	G MEDICAL STAFF	226. DATE SIGNED 11-15-EV

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

etained by the hospital or

and Mental Hygiene prior to buriol, cremation,

IMPORTANT: If Item 21 is marked or Item 18 sho

231. NAME OF GEMETERY OR CREMATORY

> CREFORT DAY WING 1982 FORT WINGS 2 V CONCERNATIONS IN COMMINGER 22 C

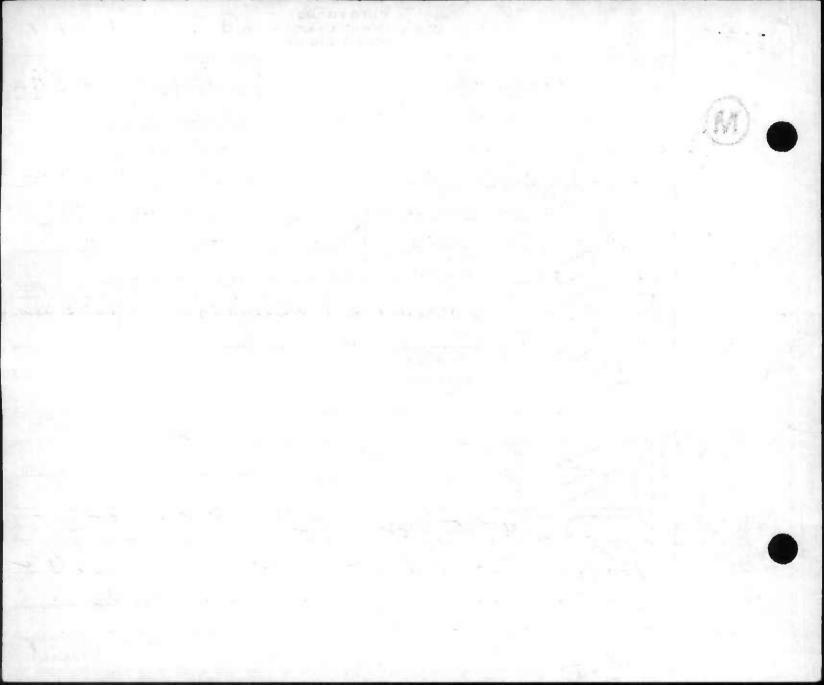
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		
	D	+
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	r death. Page 4 may be	80
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funity should be detected for use on the burnel-transit permit. Then please remove contropropers. Pages 1 and 2 should be filled withing the titled state. Days A thankt and Memoral Havanea prior to human or semanal managements.	the death	1
MINITE GOOD COPE. Or recommended on them 18 shows any injury, or other traumatic event, the medical examiner must be partify	ad altered	-
29	2	

STATE OF MARYLAND 9 DEPARTMENT OF HEALTH AND MENTAL HYCIEUS

	1 -	FOR STATE REGISTRAR	DEPA				2	9 6	//
1		EASED NAME FIRST	WIDDLE		AST			AY YEAR 2	b. HOUR
1	(TYPE	Rosew	oll NMN	Jinl	zins	n	17-6	IF UNDER 1 YEAR IF MODER 24 HRS. MONTHS DATS HOURS MIN Y OF DEATH 12b KIND OF BUSINESS OR Agriculture Agriculture Ve 20910 Pollard APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 12 -/ F DECO IFYING CAUSES OF DEATH? ES NO DEATH PART 1 OR PART 2) Spring, Md. COUNTY STATE Spring, Md. COUNTY STATE COUNTY Md. COUNTY STATE	8AM
1	3 SEX		4 RACE	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAS			
1		Male	Caucasian	Dec.	15. 1895	86		ONTHS DAYS	HOURS MIN
d		RTHPLACE (STATE OR FOREIGN		RY? 8		9 BALTIMORE CIT		OF DEATH	
Ó		rginia	U.S.A.			Monto	iomeru		MD.
		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUP	PATION		
2	Sil	ver Spring				Chemist	-STOT WORKING (II'E)	1	
5	13a. S	TATE 13b COU	NTY 13c CITY OR TO	NWC	13d. INSIDE CITY LIMITS?	130 STREET ADDRE	ss Le Drivi	2 2091	0
100	14 FA	THER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME	E	LAST	
L					Mary	Elizabe	th 1	Pollard	
		AS DECEASED EVER IN U.S. AI	VE WAR OR DATES)	TOTAL CONTROL DEATH N Jinkins S DATE OF BIRTH S DATE OF BIRTH DEC. 15, 1895 8 AGE (INYEAS LAST BRITHDAY) DAYS THOORY THE MORNING THE MORNING DAYS THOORY THE MORNING THE MORNING					
	У	es WWI	DELL NMN Jinkins ARACE S DATE OF BIRTH DAY VIAB S AGE (INTERES LAST MANNITH DAY VIAB D						
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line for (o), (b),	ond (c	0 00	- /		1 0 1	
				non	a / Sto	mach		12-11	mo
		13/1	DUE TO, OR AS A CONSE	OUENCE OF	0				
		Conditions, if any, which gove rise to immediate	(b)						
		couse (0), stoting the underlying couse lost	DUE TO, OR AS A CONSE	DUENCE OF					
			(c)						
	N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	IO DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR C	ONDITION GIVE	N IN PART To	
0	MEDICAL CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES,	WERE FINDING	S USED
	TIFIC					YES T NOT			
3	CER	210. ACCIDENT WAS UNDERLYING		D. IV. VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18, PAI	RT 1 OR PART 2)	
	SAL	OR CONTRIBUTING CAUSE OF DE	AIR						
	EDIC	21d INJURY OCCURRED		CE EARM ETC.)	211 LOCATION	CITY OF	IOWN	COUNTY	STATE
	Σ	AT WORK AT WORK	(ATTOMIC, STREET, FACTORT, OFF	CE, FARM, ETC.)					STRIL
			2 4 -		. 19.70		rla_1	9 8 2 the	ot (1) (we) lost
		sow the deceased alive or obave, (1) (we) (did) (did)		82.01	nd that in (my) (aux) opinion	deoth occurred on th	e dote and hour	ond from the co	uses stated
		Th SIGNATURE				MEDICAL	TAFF	22c. DATE SI	GNED
		Wellian	n Di (en	1 m	PHYSICIAN E			11/6	18-
П		M. PHYSICIAN'S NAME (TYPE		(
		William D. A					ilver Sy	oring, N	ld.
	(5	URIAL, CREMATION, REMOVAL				23d. LOCATION CITY OR TOWN	0 - 11	COUNTY	
		urial INERAL DIRECTOR Fran		rarklai					
		NAME I / LUIT		Contin	ALC:	V 1 2 1982	AR ZJB. MEGISTR	2 CA	will
Į	50	u university B	eva., w. seever	. Sprung	J, Ma.	1002	1000	-0.	7

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.



		1	1	2
_	_	O		
<i>'</i>				

Poge 4 moy be

STATE OF MARYLAND

1 -	STATE REGISTRAR			DEPARTA		FICATE OF DEATH	GIENE & Z	0	90	10
	Sones	FIRST	EMMA mma	MIDDLE		JONES		Nov. o		26 HOUR
3. SE			4. RACE Black		S. DATE (6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE OR COUNTRY) uth Caroli			what country? States	8. MARRIE WIDOW	D NEVER MARRIED DED A DIVORCED	9 BALTIMORE CITY O	-		MD
Ke	TY OR TOWN OF DE.		Circle	Manor Nu	rsine	OR OTHER INSTITUTION Home	12a USUAŁ OCCUPATI (TYPE OF WORK FOR MOST O Housewife			BUSINESSOR
13a S	AL RESIDENCE (IF NUR STATE ryland	13h COUN		13c. CITY OR TOWN Kensingt	N	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 1023 Carrel	Plese	9	
	THER'S NAME FIRST UNCh	,	MIDDLE	Woody		Lettie	WIOOFE		Mood	
	VAS DÉCEASED EVER VES. NO OR UNKNOWN)		MED FORCES? E WAR OR OATES)	251 48 7		Lewis C. Jon	es,Jr. 3608			crest s.,Md.
	Conditions, if any gove rise to improve (a), stating underlying couse	, which mediate og the	DUE TO, O	r as a conseque	NCE OF ROVA		infficilly	1	YEA	rs.
CERTIFICATION	19a. DATE OF OPERA					NOT RELATED TO THE TERM	200 AUTOPSY? YES NOT	20b. IF YES.	WERE FINDING	GS USED DE DEATH?
MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA		DF INJURY M. MONTH DA M.	Y YEAR	21¢ HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	RT 1 OR PART 2)	
MEDI	21d INJURY OCCUR	SILE	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY OFFICE, FA	ARM, ETC)	216 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
	22b SIGNATURE	live on	view the body	24 19		DEGREE ATTENDING PHYSICIAN	death occurred on the do	F IAN []	22c. DATE S	
	MARTA		_	0		22e ADDRESS 3	720 FARR		AVE	.00

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with

injury, or other troumotic ev

should be detached for use as the burnal-transit permit. Then please remove carbonpaper with the State Dept. of Health and Mental Hygiene prior to burnal, cremotion, or removal.

ATTENDING PHYSICIAN: The low

O HOSPITAL

etoined by the hospital or attending physician.

MPORTANT: If them 21 is morked or them 18 shows ony

DHMH - 16 50M 1/B1 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL (SECURY) 12/2/82 23c. NAME OF CEMETERY OR CREMATORY Lincoln Memorial Cem.

REAS 126-70 A

DRY 23d LOCATION
CITY OF TOWN

CITY OF TOWN

Suitland

24 FUNERAL DIRECTOR

ALEXANDER S. POPE-2617 Pa Ave., S.E. Wash DC

Ty, 1199 82 outs incline the term is a series of the ser

rington sire and arting one out it non-

Tylend ontgoing meington 10.3 ser •1 lac

oody Jacrolik

51 %6 7505 Mm.s . Mores, Jr. 3000 Mitt Me .tr., d.

Department to Shirt to Action . (H)...(5) ...(1) white quantities are new a

urici 1/2/2 incoln carif a. Suitland . Sylpind .

	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2 9 6 7 9
24 -ma		CEASED NAME FIRST OR PRINT)	MIDDLE .	Johnson JR.	20. DATE OF DEATH MONTH	15 82 0003m
letely filled in by the teneral second of 2 should be filed within 7 second symmetric programmer flyst be notified at a	3. SE)	Male	Caucasian	S. DATE OF BIRTH October DAY11, 1922	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 74 HRS MONTHS DAYS HOURS MIN.
or or o	Sp	earta. Georgia	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED ANEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COU Montgomer	У мо
by the It filed — III notified	R	TY OR TOWN OF DEATH ockville	Syndu GROVE	Adwerenst 1728/	(TYPE OF WORK FOR MOST OF WORKI Chief Petty	Officer US Navy
2 should be in	13a. S	faryland Mont	other institution, give residence before ity Reckvil gomery Rockvil	13d. INSIDE CITY LIMITS? YES X NO	7608 Warbler	Ret. Lane
E O D		THER'S NAME FIRST George M. VAS DECEASED EVER IN U.S. AR			John	
an ond s. Pages		Yes, no or unknown) (IF YES, GIVEN WW	E WAR OR DATES)	5115 Mrs. Amelia	C. Johnson-V	7608 Warbler La Vife Rockville, Mo 20855 BAPPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
requires that the death certificate as signed by the attending physici. Then please remove carbanpaper at aburial, cremation, or removal. Injury, or other traumatic event, the		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE		Sis	٥
Me ding	CERTIFICATION	PART 2. OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. I	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
hysician. The hysician. It hysician. I Hygiena 18 shaw		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	TH HOUR A.M. MONTH DA		YES NO RED (ENTER NATURE OF INJURY IN ITEA	YES NO NO NIS PART I OR PART 2)
NDING PHYSICIA of a cottending p R: After this certifuse as the bural- dealth and Mental- is marked or tem	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDIN haspital ar RECTOR: Aft ned for use as ppt. af Health fem 21 is mor		22a.1 certify that (1) (this haspit sow the deceased alive on above, (1) (we) (did) (did no	tol) attended the deceased from 19 to 19 t		death occurred on the date and	
. 4		226. SIGNATURE	Wither	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1221 DATE SIGNED
TO HOSPITAL TO FUNERAL Should be det with the State		SUSAN	WITHROL	D 15E Deat	ark, gaith	ersburg. Jud.
BP	23a. 8	SURIAL, AEMAHON, REMOVAL SPECIFY Burial		Name of cemetery or CREATURE Arlington National	Arlington,	Virginia STATE

DHMH - 16 50M 4/82 (VRA 15, 4) W CHAMBERS CO., 8655 Ga., Ave., SS, Md.

NOV 1 71982

John J. Cohief

So at anneath the a divertified

68 N 100 AZ Y 100

feet and the first two

-	15	1	
-	4	0	
	1	B.A	١
/	1	W	J
	9	10	
	m 1	r, p	
_	ge 4	ecto rs o	
	Po	hou	
	toth	n 72	
	r de	to the	
	offe	the who	
	10rs	n by	
	4 ho	ed i	
	n 2	fill	
	vith.	etely 12 s	
	Pa	lq m	1
	ecut	d co	
	e ex	Pog	
	e b	ciar ers.	_
	ficol	pop	000
	tert	ng b	ren
	otho	cor	n, ar
	dec	offe	otio
	the	the	rem
	thot	d by	ol, c
	res	n ple	Duri
	edn	The The	0
	3	bee mit.	prio
	e lo	has	au e
	SICIO	ote	Ygie
	Ahy	rific I-tro	HO
	SIC	Cer	Aent
	PH	this he b	Vpu
	NG F	fter os t	tho
	QU-	R: A	leol
1	TTE	5.0	of
	A A	IRE hed	ept.
	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, pacshould be detached for use as the burial-transit permit. Then please remove corbonpapers: Pages 1 and 2 should be filed within 72 hours after detached.	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.
	PIT,	Je d	Sto
	HOS	FUN	the
	eto !	5 %	WITH

BP.

FOR

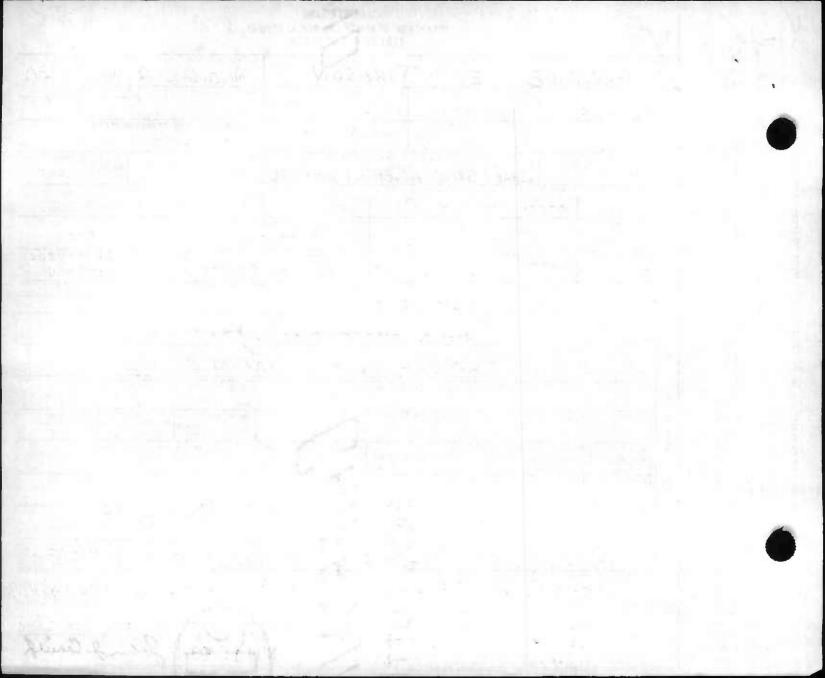
STATE OF MARYLAND 5 8 2 9 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.		
1	DECEASED NAME FIRST	MIDDLE	JOHA	ISON	NOVEMBER &	2, 1982 2kg	1930m
	FEMALE	Caucasian	5. DATE OF	DAY	6 AGE (IN YEARS LAST BIRTHDAY) 6 8 YRS	MONTHS DAYS H	FUNDER 24 HRS
T	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Marvland	United Stat	MARRIED e SWIDOWED	XXNEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUN Montgomery		MD.
1	Rockville	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVESTR SHADY GOVE	SING HOME OR HEELADDRESSI HOVEN 7		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING COSMETICIAN	12b. KIND OF B	
1			ille	153 - 140 -	95 Dawson A	venue	20850
1	14. FATHER'S NAME FIRST Remus	D LAST D	ay	is, mother's maiden nam Martha		ĞT	ау
	(YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SE WAR OR DATES) 579 07		Shirley A.	ADOT 8508 Custer Olney	, Maryla	
	Conditions, if any, which gave rise to immediate couse ioi, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSECTION OF THE PROPERTY OF	QUENCE OF KDS CLA O DEATH BUT N		200 AUTOPSY? 20b. IF Y	GIVEN IN PART 110 YES, WERE FINDING TIFYING CAUSES OF YES	
	210. ACCIDENT WAS UNDERLYING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	DAY YEAR 19	21f. LOCATION	ED (ENTER NATURE OF INJURY IN ITEM)	8 PART OR PART 2}	STATE
	WHILE NOT WHILE 220. I certify that (1) (this hospith sow the deceased alive on above, (1) (we) (did) (did not	NOV 19	m OCT	STREET 19 8 1 1 that in (my) (aur) opinion of	to Nov 2	. 1982, tho	ot (I) (we) lost
	276. SIGNATURE 276. PHYSICIAN'S NAME (TYPE OR	Themaples	n MO	ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SK (1/2	18- 18-
	236 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24 FUNERAL DIRECTOR ROBER- NAME	5,1982 F T A. PUMPHRE	orest Y FUNE	I MI		ourg, Mar	ryland
F	HOMES, P.A.	,ROCKVILLE,M	ARYLAN	D IV	0 1 0 1300 6.		,,

DHMH - 16 50M 4/82 (VRA 15, 4)

with the State Dept. of Health and Mental Trygene prior to unitary, are increased as managed as positived of an ance in the medical assominer must be notified of an ance in the medical assominer must be notified of an ance in the medical assominer must be notified of an ance in the medical associated as a second of the medical as a second of the medical associated as a second of the medical as a second of the medical associated as a second of the medical as a second of the medical associated as a second of the medical as

4



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

retained by the haspital ar attending physician.

STATE OF MARYLAND

8	2	2	9	6	8	
		0.4	•		-	

1 - STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH		614	7 0 0
1. DECEASED NAME FIRST (TYPE OR PRINT) Elea	WIDDLE	K	han	REG. NO	ONTH DAY	YEAR 25. HOL
3. SEX	4. RACE White	5. DATE C		6. AGE (IN YEARS LAST BIRTH	YRS.	UNDER LYEAR IF UNDER
7a: BIRTHPLACE (STATE OR FOREIGN COUNTRY) Poland	76. CITIZEN OF WHAT COUNTRY	WIDOWE		9. BALTIMORE CITY OR Mon Topo	meny	Count
Silver Sor-ing	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	. /	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWI	working (FE)	126. KIND OF BUSING INDUSTRY OWNhome
130. STATE ILLA COU	NTY 13c. CITY OR TO tgomery Wheat	WN	13d. INSIDE CITY LIMITS? YES X NO 1	130 STREET ADDRESS 1111 Uni	#1014 versi	
YISRAEL 160 WAS DECEASED EVER IN U.S. AI	Levi		Anna 17 INFORMANT	WIDDLE	S) T ===	Rimland
(YES, NO OR UNKNOWN) (IF YES, G	324 2 nly ane cause per line for (a), (b), (c)	2 481		Kahan Sil.	Spr.	ejoy St. Md.209(APPROXIMATE INTE
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQ (b) UTUAN 9 DUE TO, OR AS A CONSEQ (c) UTUAN 9 CONDITIONS CONTRIBUTING TO	Verne Jun t	ON LLSION NOT RELATED TO THE TERM		viery	2 week
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICE	CH OPERATIO	N WAS PERFORMED	PES □ NOT		VERE FINDINGS USE IG CAUSES OF DEAT
210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINE 21d) INJURY OCCURRED	AIR .	DAY YEAR 19	21c. HOW INJURY OCCUR			
AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE		STREET 1902	city or tow		COUNTY :
saw the deceased alive a above, (I) the did (did) 22b. SIGNATURE	at Hiew the body after death.	f L , or	nd that in (my) (out) apinian DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	e and haur ar	
JASON GEL	FER. My.		JUEN	SPRING.	wid.	20910
23a. BURIAL, CREMATION, REMOVA (SPECIFY)			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	c	OUNTY :

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 7.7 the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removol.

medical exami

8434 Ga. Ave. Sil. Spr. Md. Pumphrey Inc.

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR 65 IGNATURE

ATTENDING PHYSICIAN: The lo

retained by the hospital or attending physician.

is morked or Item 18 short

MPDRTANT, # 8

23a BURIAL,

nding physicion and completely filled in by the fune carbanpapers. Pages 1 and 2 shauld be filed within TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion should be detached for use as the burial-transit permit. Then please remove carban papers. Permit the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. ir use as the burial-transit permit. Then please remave carbanpape i Health and Mental Hygiene priar to burial, crematian, ar remaval

STATE OF MARYLAND

1.	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL H	YGIENE	REG. NO.	2 9 6	8 2
	CEASED NAME OR PRINT) Max:	ine V	. Kah	1	Ł	AST		of DEATH MONTH ember 13	, 1982	2b. HOUR 5:35 pm
3 SE	X	4	RACE		5. DATE C		6 AGE	IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
	Female		Whi	te	Jan.			60 YR		MOURS MIN.
	RTHPLACE (STATE OR FO COUNTRY) Penn.	PREIGN 71		S.A.	8. Marrie Widowe	D NEVER MARRIED DIVORCED		ntgomery		MD.
	or town of deat Olney	N	iontgo			ROTHER INSTITUTION 1 Hospital	(TYPE OF W	AL OCCUPATION FOR FOR MOST OF WORKIN Lal Worker		e of Md.
13a	Md.	136 COUNT		GIVE RESIDENCE BEFORE 136. CITY OR TOWN German to	V	13d. Inside city limits? Yes 📉 NO 🗌	1301	et address 11 Open Hea	arth Way	
14 F	ATHER'S NAME FIRST	M	DDLE	LAST		15. MOTHER'S MAIDEN IN		WIDDLE	LA	AST
	Clarence	Ec	lgar	Willis		Ardella	a	_	McDon	
	WAS DECEASED EVER IT YES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	214-14-6		Michael A.	Kahl	24737 Con Damascus.		
CERTIFICATION	Conditions, if ony, gove rise to imme couse (o), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERATI	ediate the lost.	(c) DNDITIONS <u>CC</u>	tillen	DEATH BUT	NOT RELATED TO THE TE		ASE OR CONDITION JTOPSY? 206. IF	GIVEN IN PART I	INGS USED
I F	a culti						YES [NO	YES	NO [
	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH	21b TIME O HOUR A	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCI	URRED (ENTER	NATURE OF INJURY IN ITEM	18 PART (OR PART 2)	
MEDICAL	21d. INJURY OCCURRE	E 🗆	21e PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	220.1 certify that (I) (11	11.3		nd that in (my (our)) pinio	on death accu	rred on the date and		
	SEX	000	benz	00	yes		MEDICA	AL STAFF OR PHYSICIAN	22C DATE	14/85
	PALLA C	WE LINE ON	E W	112 N	. ar	22e ADDRESS	nce Phi	illin Dr.	Olney	Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Cremation

11/14/182

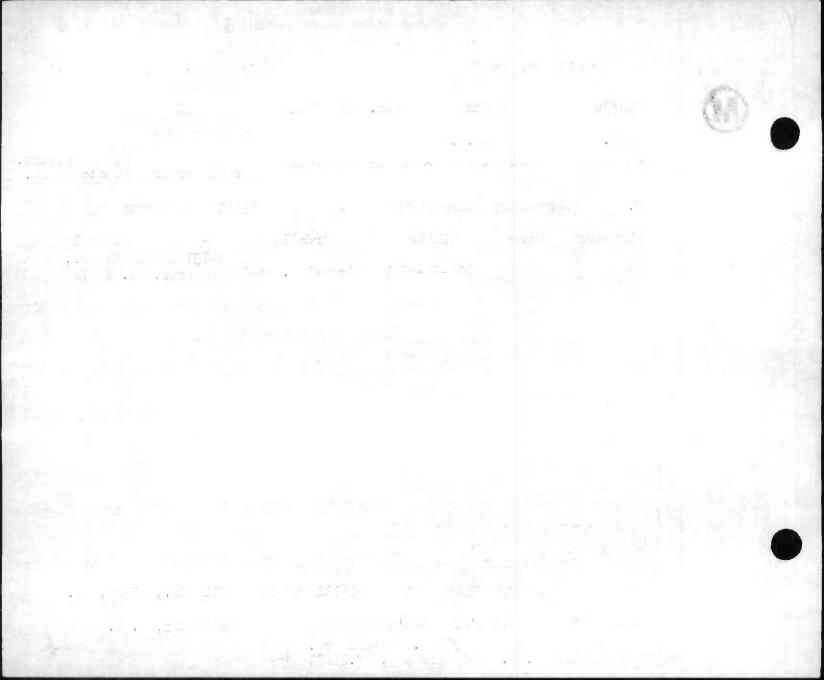
Lee's Crematory

AATORY 23d. LOCATION CITY OR TOWN Washington, D. C.

25a. DATE REC'D. BY REGISTRAR 25b-REGISTRAR'S SIGNATURE NOV 16 1982

STATE

²⁴ FJ Sandison Gartner Sandison F. H. 316 E. Diamond Ave. Gaithersburg, Md.20877



12	1 14
13	15

4 may be

campletely filled in by the

carban papers. Pages 1 and 2 should be filed w

injury, ar ather traumatic event, the

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1)	
Ca	

8 9 6

BY REGISTRAR 28 REGISTRAR'S SIGNATURE 1982

	REGISTRAR				CEKTIF	ICATE OF DEATH	REG. N	10.		
	CEASED NAME	FIRST		MIDDLE	l	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(TYPE	OR PRINT)	STANLEY		J.	KEDAN		NOVEMBER	30, 19	982	10:00 MF
3. SE		SIEWA	4 RACE		5. DATE C		6. AGE (IN YEARS LAST B	RTHDAY}	MONTHS DAYS	HOURS MIN.
M	IALE	lie i	WHITE		NOVE	MBER 21,1978	64	YRS.	MONING. DATS	MIN.
	RTHPLACE (STA	TE OR FOREIGN	U.S.A	WHAT COUNTRY	/? 8. MARRIE WIDOWE	DEVER MARRIED DIVORCED	MONT GOMER			MD.
10. CI	TYORTOWNO	F DEATH	11. NAME OF	HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPAT	NOI	12b. KIND C	OF BUSINESS OR
	ILVER S			MEMILLA		UE	SALES SALES	OF WORKING L	"PHARI	MACEUTICA
13a N	ARY LAND	131 MONT	GOMERY	ST LIVER		13d. INSIDE CITY LIMITS? YES NO	13 98 73 MCMI	LLAN	AVENUE	
	ENJAMIN	٨	AIDDLE	KEDAN		SADYE	WIDDIE		RICHTER	ST _
	VAS DECEASED YES NO OR UNKNOW	EVER IN U.S. ARA	AED FORCES? WAR OR DATES)	578-07		BETTY MELMAN	V KEDAN, ST		MILLAN A	AVENUE MARVI ANI
	Conditions, if gove rise to couse (o),	ony, which immediate	DUE TO, O	R AS ACONSEQ	Lasta DENCE OF a Cave	ahoma o	cinoma f Lung)		In OS. Vz 4KS.
CERTIFICATION	PART 2 OTHER					NOT RELATED TO THE TERM	Z0a. AUTOPSY?	20b. IF YE	VEN IN PART 1(ES, WERE FIND II IFYING CAUSES (ES	NGS USED
MEDICAL CER	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEALY MEDICAL EXAMINER	Ρ.	M. MONTH M.	DAY YEAR 19	21c HOW INJURY OCCURE	RED (ENTER NATURE OF IN)	URY IN ITEM 18	PART I OR PART 2)	
MED	WHILE AT WORK	CURRED	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICI	E, FARM, ETC.}	21f. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	sow the de	ot (I) (this hespit eceased alive an we) (did) (did not	111	27 19		nd that in (my) (aux) opinion of		date and ha		
	6	du	ul	Com	lu	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN [121 DATE	1/82
	DR.	G. LENNA		, M. D.			ENTON STRE SPRING, M		ND	
	SURTAL SURTAL	ION, REMOVAL	23b. DATE 12/2/1			EMETERY OR CREMATORY VID MEMORIAL (Z3d. LOCATION GARDEN FAL	LS CH	URCH, V	IRGIÑÍA

BP.

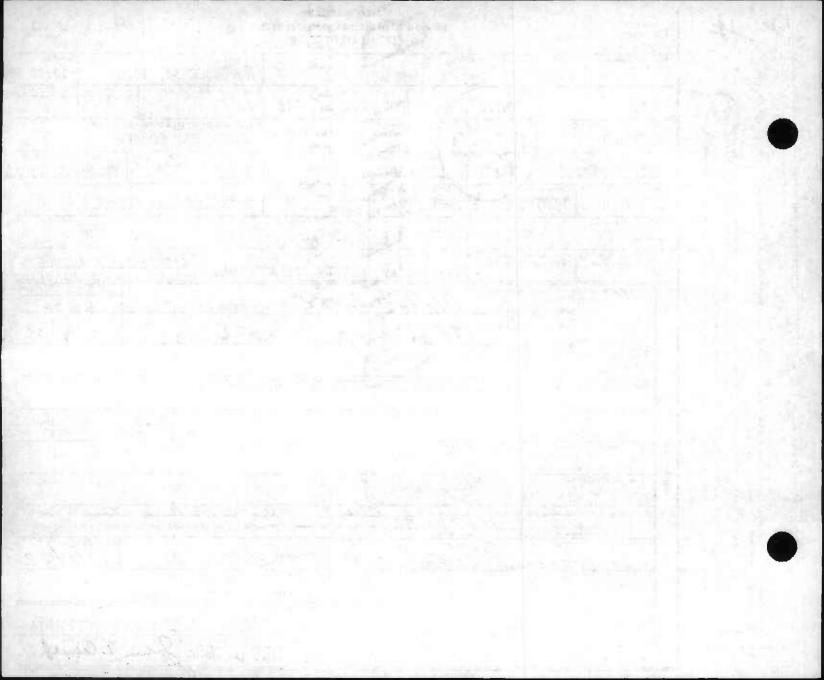
DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physicia should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any

24 FUDENMANDETOR STEIN HEBREW MEMORIAL FUNERAL HOME 250 DATE RECD. 232 CARROLL STREET, N. W., WASHINGTON, D. C. DEC 6



13] -	FOR STATE REGISTRAR			MARYLAND TH AND MENTAL HYG CERTIFICATE OF I	Q_ 60 60	9684
19	(NA)		EASED NAME FIRST Harol	d Mil		Kiesel	20 DATE KNOWN OF ESTI- DEATH MATED	WONTH DAY YEAR 26 HOLLE
SY. PIE	4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3. SEX	Male A. RACE White	June 20	6. AGE (IN YEARS IF LAST BIRTHDAY) MO OYRS.	JNDER 1 YR. IF UNDER 24 I		12 19 F 2 3 7 N
ACCESSA	S FOR WITHIN	FOI	RTHPLACE (STATE OR REIGH COUNTRY) Tnd.	76. CITIZEN OF WHAT C	A	RRIED NEVER MARRIED	Mon	to mery me
AY IS	PAGE PAGE PAGE S, 201 V	ID. CI	Se-L. So se	11. NAME OF HOSPITAL	, NURSING HOME, OR O	THER INSTITUTION 120	FOR MOST OF WORKING LIFE) tax consultant	izh KIND OF BUSINESS OR INDUSTRY Int.Rev. Ser.
21201 ANY D	S. RETAIN P. SHOULD BE SHOULD BE	USUA 13a. S1	RESIDENCE (IF IN NURSING HOMEO	OTHER INSTITUTION, GIVE RESIL	CITY OR TOWN 2 ~ SI ~ GT	13d INSIDE CITY LIMITS? 13d	STREET ADDRESS	(20895) DY
RE, MD.	SE SE	14. FA	THER'S NAME FIRST John C	MIDDLE hester	Kiesel	15 MOTHER'S MAIDENN FIRST Sara	NAME MIDDLE Alsie	Garner
ALTIMO	VE PAC T FOR GES 1 SION (VAR OR DATES)	77-54-3290	17 INFORMANT Eldrige L.		116 Ashwood Dr. nsington 20895
N ST., B.	EM 18. GI DNG WITH ERMIT. PA IENE, DIVI		18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED IMMEDIAT	y one cause per line for (a BY: E CAUSE (a)	e), (b), and (c).)	MINC	erdial 1	APPROXIMATE INTERVAL PETWEEN ONSET AND DEATH
PRESTO	CIL IN II		Conditions, if any, which gove rise to immediate	(b)	CONSEQUENCE OF			
201 W.	L EXAMIN DRIAL-TR, ND MENT, TION, OR		cause (a) stating the <u>under-</u> lying cause last.	< , .	CONSEQUENCE OF			
RECORDS,	DING DICA S A BE	NO	PART 2 OTHER SIGNIFICANT CONDITIONS OF	ONTRIBUTING TO OFATH BUT NO	T RELATED TO THE TERMINAL DIS	ASE OR CONDITION GIVEN IN PART 1	(0)	
VITAL RE	SI HE P	MEDICAL CERTIFICATION	190. DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
ONOF	THE VIOLID	CAL CER	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		NTH DAY YEAR		ENTER NATURÉ OF INJURY IN ITEM 18 PAR:	T I OR PART 2)
DIVISION	WRITING ARE 3 SH ATE DEPA	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN. STREET, FACTORY, F.		OCATION STREET	CITY OR TOWN	COUNTY STATE
AINTED. T	IFICATE, V BE FORW. ECTOR: PA TH THE STA YLAND, 21		220 I certify that I taak charged	af the remains described		opsy , Inspection	Inquiry , and if	n my apinion
			ACTUAL SIGNATURE	011	500	TITLE (SPECIFY)	, MEDICAL EXAMINER	DATE NOVER 198
AEDIC	TIMO TIMO	-	EXAMINER'S NAME John	S. Rogers	1	ADDRESS	eminary Rd. Si	1. Spr. Md 2091
Ş	BP	(5		.2-1-82	234. NAME OF CEMETERY Congression	onal Cem.		ington, D. STATE C.
(\	DHMH - 17 VR A15 ME (5)) 20M 4/82	24. FI	JNERAL DIRECTOR JOS. GE	wler s Sons NW Washing	ton, DC 200		6 1982 John	La Court

not 12 | chfortall tens .vv .cms dnodfann v x d Company of the control of the contro ton des BITET 20 destablica plia l'annéa el andrebio (1055-08-09) (cond 0.000 be . Table . In Transfer of DAS.

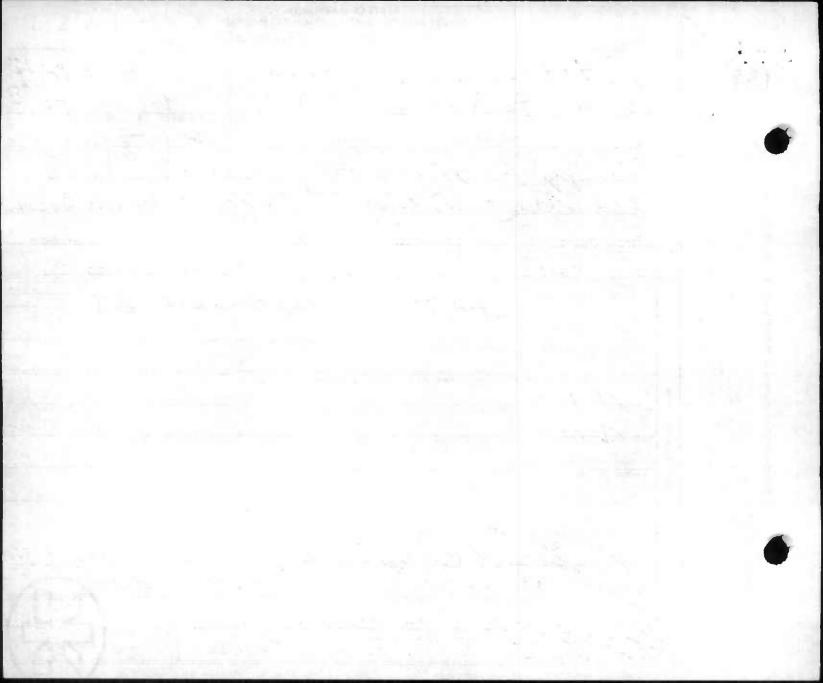
STATE OF MARYLAND

	6.0	4	0	Ö	C
REG.	NO.				

	REGISTRAR	ME	DICAL EXAMINI	EK 5 CEKTIFICATE	OF DEATH REG. N	10.
	CEASED NAME FIRS	iT	MIDDLE	LAST	20 DATE KNOWN	MONTH DAY YEAR
(116	PE OR PRINT)	fired.	T	in Kan-	OF ESTI-	Nav 19 282 1
1. SEX	A 14 RACE	IS DATE OF BIRTH	James A. AGE (IN YEA	RS IF UNDER 1 YR. IF UND	DER 24 HRS. 2c. DATE	MONTH DAY YEAR
-	1.1.1	7 8	40 LASTARTHDA	MONTHS DAYS HOURS	MIN PRONOUNCED	119 02
	mu	SXXXXXX	XXXXXX SACXXX	S.	DEAD VO	V-17, 19/
	BETHPLACE INTATE OF	76. CITIZEN OF W	HAT COUNTRY?	MARRIED DIEVER MA	RRIED . 9. BALTIMORE CITY	OR COUNTY OF DEATH
	Pa	Americ	ca		RCED 1 MOV	ete-amery
ID. CI	ITY OR TOWN OF DEATH	TI. NAME OF HO	SPITAL, NURSING HOME,	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TY	YPE OF WORK 12b. KIND OF BUSINE OR INDUSTRY
	P:1 Pa	(IF NOT IN BUCH F	ACCUTY, GIVE STREET ADDRESS)	14000	FOR MOST OF WORKING LIFE)	
USUA	AL RESIDENCE (IF IN NUR ING H	ME OR OTHER INSTITUTION, G	VE RESIDENCE BEFORE ADMISSIO	N)	Elec. Tech.	HDL
		OUNTY	13c CHY OR TOWN	13d INSIDE CITY LIMITS	- 1 / 6 //	1. 1. 1
	1000	vione	101100	FL YES NO		20 n. 10 AVC
H. F/	ATHER'S NAME	MODIE	LAST	TS. MOTHER'S MA	IDEN NAME	LAST
1 2	Alfred James		Kinkead	SARA	E	Lawless
16a. V	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECURITY		ADDRES	is
	1201	59-1962	166 30 1	960 Judith	Ninkead (s	same as #13)
1	18 CAUSE OF DEATH (Ente			960 Muarti	A MILINGRA LE	APPROXIMATE INTE
	PART I DEATH WAS CA		e for (o), (b), and (c).)	1 00	. 0 . 1 =	BETWEEN ONSET AND
		DIATE CAUSE (o)	/ Den	oc//Ly	-002×1121	() P / Y'
	14291		R AS A CONSEQUENCE C	F /		0 19
	Canditions, if any, w					(
	gove rise to immed	diate (b)				
	turne (a) stating the un lying cause last.	DUE 10, OF	R AS A CONSEQUENCE C	F		
		(c)				
	PART 2 OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVEN IN	PART Line	THE RESIDENCE
S	Wor	V0/				
1 5	191 DATE OF OPERATION		ITION FOR WHICH OPERA	ATION WAS PERFORMED?		2D. AUTOPSY?
CERTIFICATION	1/20					YES N
8	21a EXTERNAL CAUSE WA	21b. TIME C	DE IN ILIRY	Tale HOW IN HIRY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 1	
	UNDERLYING GOR		M. MONTH DAY YEAR	11. 110 11 11.3011 00001	THE DISTRIBUTION OF THE PARTY O	V () () () () () () () () () (
MEDICAL	CONTRIBUTING CAUSE	The second second		1 10 10 10		
1 89	214 INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME, CTORY, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY
1 2	WHILE AT WORK AT WORK		eront, tann, erc.)	071027		0001111
					100	
	22a I certify that I toak o	harge of the remains de	escribed abave, held an	Autopsy . Inspec	chian 😂 . Inquiry 🔲 , _ o	ond in my opinion
	deoth resulted fram:	Motoral causes	Accident Soi	ride Hamicide	Undetermined monner	
		101	61-	TITLE (SPECIFY)		
	SIGNATURE	1	1/60	en Dex	MEDICAL EXAMINER	DATE OV 191
5	SKINALONE		X		MEDICAL EXAMINER	SIMINED
1	and the same and the same	Tales C :	Md pacage	F Cilv	on Chrine Ma	
	EXAMINER'S NAME	John S.	MODELS. DI	D DITT	EL SOLLIG. MO	arvland
+	TYPE OR BRENT	John S. 1		ADDRESS	er Spring, Ma	aryland
73a.6	TYPE OR BRINT)			ADDRESS ADDRESS ADDRESS	23d LOCATION CITY OR TOWN	aryland STATE
1	TYPE OR BRENT	AL 23h DATE		ADDRESSADDRESS	123d. LOCATION	

(VR A15 ME (5)) 20M 4/82

Warner E. Fumphrey Sil. Spr. Md. 20910 NOV 23 1982



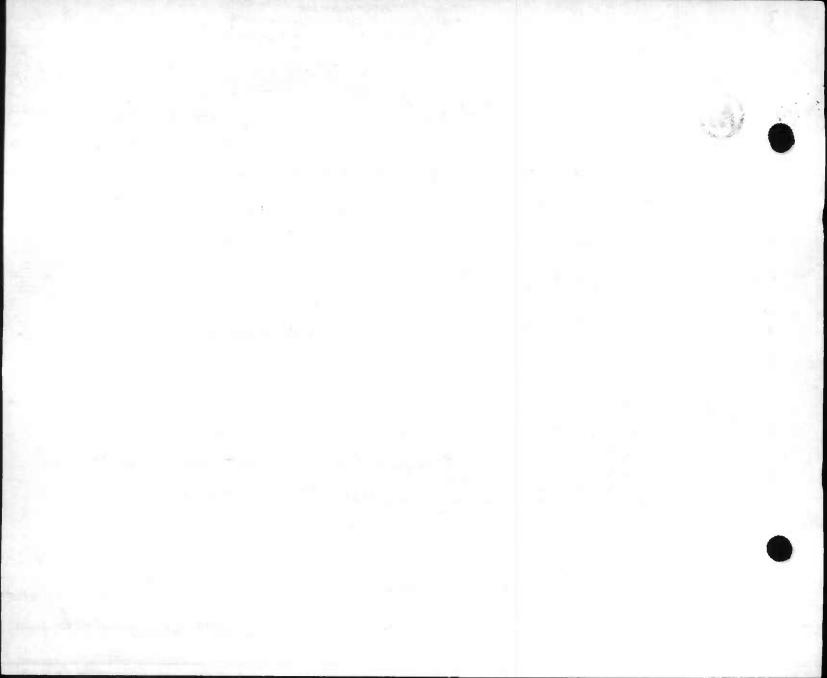
DHMH - 17 (VR A15 ME (5) 20M 4/82

UR FILES. OURS STREET,

1									ARYLAN					0	13	,	(3)	2
	- S	FOR STATE				ICAL EX				CATEC	TE DE A	6		En.	7	0	9	0
		REGISTRAR CEASED NAME	E BIRST			MIDDLE	AAMIC	VER 3	LAST	CATE	JF DEA	PATE	REG.	-	MONTH	CAY	YFAR	Zb. HOUR
		E OR PRINT)	ISIDO	IDE		TIPO DE MA					ı,	20 DATE OF	ESTI-					
	3. SEX				OS DIDTH		AGE (IN Y	E age IE IP	KITT VDER 1 YR.	Tie LINIDER	2 O A NIDE		MATED	<u> </u>	NOV	13,T	1982 YEAR	6:15p
			WHITE	MONTH	OF BIRTH	1 O O	LAST BIRTHO	ICAY) MONTH		HOURS		It. DATE	NCED	41 244	10	VA		
N	Ma	RTHPLACE (ST		MAK	ZEN OF WHA	, 1904	78 Y	/RS.		1		9 BALTIM			,13,		1982	6:15p
1	RLL	SSIA			United	d Stat	tes	WIDOW		DIVORC	CED	Mon	tgom	ery	,			MD.
8	S	ilver S	Spring	Ho1	ME OF HOSPI OT IN SUCH FACIL Ly Cros	SS HO	ospit	al Em	ier institu Iergen		120 USU FOR M	NOST OF WAR	CHAN	TYPE OF	F WORK		RIET	
1	USUAL 130. ST		(IF IN NURSING HOME OF				FORE AGMISS		13d INSIDE C		-	EET ADDRE						
5		aryland		tgom		Silv	ver S	pring	YES X	NO D	122	20 Ea	st-W	est	Hig	ghwa	y,#1	004
	14. FA	THER'S NAME	É	ANODI F		LAS			15. MOTH	ER'S MAIDI			AIGGLE				AST	7.044
C	Ab	raham		MICLULE		k	Kitt			chel		,-	HUNCLE			4.7	nste	in
,	24 244	VAC DECEASES	D EVER IN U.S. ARM	AED FOR	.CES?	16b. SOCIA	AL SECURI	TY NO.	17. INFOR	MANT			ADDR	ESS		000	100	211
	NO	ES, NO, OR UNKNO	WN) (IF TES, GIVE V	VARORDAI	(62)	577-	-10-0	767	wif	e. Mo	llie	Kitt	122	0 E	ast-	-Wes	t Hi	ghway
		Canditian gave ris cause (a) lying caus	IGHIFICANT CONDITIONS C	TE CAUSE DU	(b) DUE TO, OR A: (c)	s a conse	equence	OF	E OR COMDITIO	OH GIVEN IH PJ	ART 1 to	(12			,			
-	TIO	19a. DATE OF			9b. CONDITIO	ON FOR W	HICH OPE	PATION	AS PERFOR	PAAFD?						20 AI	UTOPSY?	2
7	FICA	,	Non		M. CONDITIO	JIVI OK	nen or e	KATIOT	ASTERIO.									A
3	O		AL CAUSE WAS G OR ING CAUSE OF D	21	1b. TIME OF III HOUR A.M.			AR 21c Ho	ow injury	OCCURRE	ED LENTERN	ATURE OF IN	JURY IN ITEA	A 18 PAR	T I OR PAR	_	ES 📙	NO L
	ig	21d. INJURY C		21	P.M. PLACE OF STREET, FACTOR				CATION			CITY OR TO	IWN		cou	YTAL		STATE
2		ACTUAL SIGNATURE	ify that I taak charge ted from: Nature NAMEDR. JO	ral causes	200 A	Accident		Suicide M], Hami	SPECIFY)	Undete	Inquiry ermined mo INARY PRING	anner C]. D			· 13	1982
	230.BL	JRIAL, CREMA	TION, REMOVAL 23						R CREMATO			CATION			COUN	YTY	SI	ATE
	(SP	BURIAL		11/1	16/1982	2 Juit	DEAN	MEMOR	IAL G	ARDEN	IS OLA	JEY,	MONT	GOM	ERY,	, MA	RYLA	ND
	24. FU	DUNALD	FTM. STEIN	I HEB	BREW ME	EMORIA	AL FU	INERAL	. HOME	25a. DATE	REC'D. BY	REGISTRA	R 25b. R	EGISTI	RAR'S SI	IGNATU	RE	
		232 CA	RROLL STR	LEET.	. N. W	WAS	SHING	JON,	D. C.	NOV	191	982	Ja-C		J- 6	ahr	M	

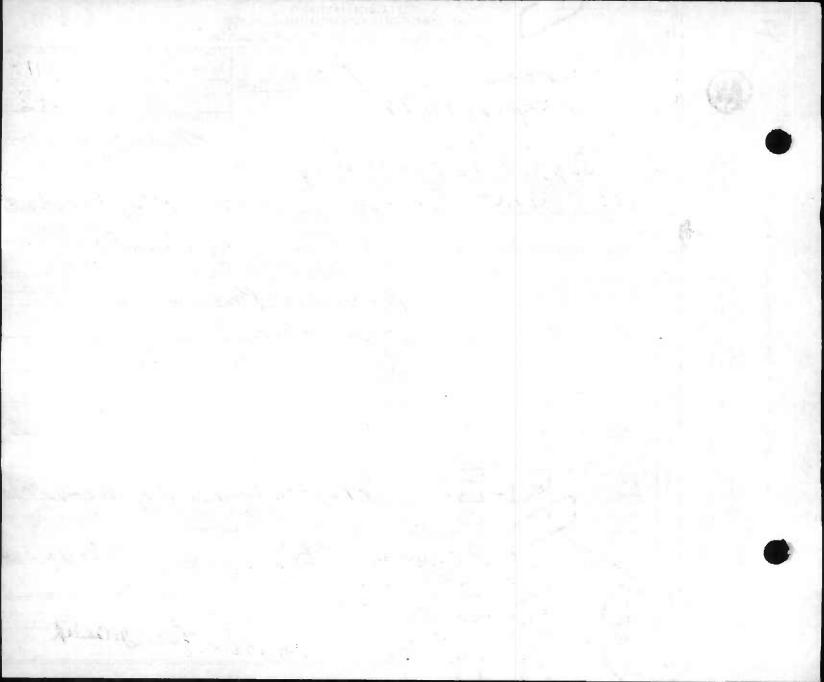
	名の主の品
	E 20 30
	S. A. Phillips
	HE LES
	N. S. S.
	PERE C
	品である。
201	NOCE AND
21	로 든 없 문 분 개
8	TSUNS T
m,	ES SE
Q	0000 O
Ē	EEEE SE
× ×	S P A S
- T	E, C.
Z	AL AL
STC	NA PAR
2	A A N. REVEN
3	SA KANA
201	NA PEN
98,	A A LICE A PLICE A PLI
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	DIO DIC DIC TH.
E	MEAL CAS
₹	SAL TEE
5	E S S S S S S S S S S S S S S S S S S S
Ö	THE SHEET
o N	A HOUSE
N N	SE S
۵	ARE ARE ATE
	RW RW ST, 2
	A A B E E
	ME WOLL
	MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS PELESSAFY PLE CUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1.2, AND 3.10 THE FLINEPA-PRECT SE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM M. 3. RETAIN PAGE 5. FOR THE FUNET DELATED BY A SA BURIAL. TRANSIT PERMIT. PAGES AND SHOULD BE FIRED AS A BURIAL. TRANSIT PERMIT. PAGES AND SHOULD BE FIRED BY SEPARTIMENT OF HEALTH AND MENTAL HYGIENE, DIVISION CANTAL HEORIGS, 2011 WENTER THIS TIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
	KHAKE W
	A S A S A S A S A S A S A S A S A S A S
	★ 임#등祝달

3	FOR STATE REGIST	DAD		ME			AND MENTAL	HYGIENE OF DEATI	2	2 REG. NO.	9	6 8	1
200 MSE 17. EES	I. DECEASEI	WAR	VARREI	J J	EROME		ITTRELIE	20	DATE KNO OF ES DEATH MA	TI- TED	VON	20 19 F	19830 2
AN PASSON NO.	J. SEX Ma	N	ack I	DATE OF BIRTH DAY 2 / 7b. CITIZEN OF W	64	GE (IN YEARS IF UN ST BIRTHDAY) MONT YRS.	NDER 1 YR. IF UNDER		DATE DNOUNCED DEAD			, DAY 1987 20 19 8 Y OF DEATH	2 2d. HOUR
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FOREIGN C	DUNTRY)		V	SA	8. MARR WIDOV	VED DIVORC	ED D	MON7	_	iek	24	MD.
ELAY S TO THE F PAGE WE FILLD.	Bet	HESD	A	BETHES	SPITAL, NURSING ACILITY, GIVE A PREET A	LTH C	ENTER	1 20 00	OCCUPATION OF WORKING	,	F WORK	OR INDUS	
F ANY DE AND 3 T RETAIN PETAIN PECORD	USUAL RESI	DENCE (IF IN NU	ISL COUNT		13c. CITY OR TO	OWN	13d. INSIDE CITY LIMITS? YES NO	130 STREET	ADDRESS	e sal	SA	NU)
BALTIMORE, MD. S. AFTER DEATH GIVE PAGES 1 TITH FORM PM 3. PAGES 1 AND 2. NASIGN OF WITH		jene			andridg		15. MOTHER'S MAID Melva	Jea	an Ki			LAST	
S AFTER I GIVE PAGE ITH FOR PAGE IVISION	160. WAS DE	CEASED EVER * UNKNOWN) O	IN U.S. ARM (IF YES, GIVE W	ED FORCES?	16b. SOCIAL S 579-8	32-7376	Melva Je						
	18 C	AUSE OF DEAT ART I DEATH W	TH (Enter anly AS CAUSED MMEDIATE	BY: CAUSE (a)		50 mes	vin						ATE INTERVAL
	9	onditions, if over ise to	immediate	(b)	R AS A CONSEQU	TIPLE	TRA	UMA	AND	Com	A	3 21	uo
CUTED W CUTED W I'IN PEN L EXAMI JRIAL - TR NO MEN TION, OF	<u></u>	ouse (o) stating ring cause last.		(c)	R AS A CONSEQU	SAD IN						3 m	uo
RECORDS, LD BE EXEC PENDING, PENDING, D AS A BUR HEALTH AN		RACTUR	RED	PELVIS -	LIVER	LACERA		CTURE	D VLA	IA+R	ADIU		
VITAL RESPONDE CHIEF AND SE USED AND FINE AND SE USED	JI I	8 - 21 - KTERNAL CAU	-82	HET-	D /NUR	y-Hom	MIRHAGE	-				20 AUTOPS	
BIVISION OF VITAL S. CERTIFICATE SHOU RDED TO THE CHIEF RE 3 SHOULD BE USE E DEPARTMENT OF HOUR TO PHOOF	S CONT	RLYING D	OR CAUSE OF D	HOUR A.	M. MONTH DAY	YEAR 1982 FE	ELL 30'	FEET	FRO			00 W	
TAAAKE 124AAKE	WHILL AT W	ORK AT W	WHILE 2	STREET, FA	OF INJURY (AT) CTORY, FARM, ETC.)		CATION STREET 3 LEFSY	WA	SHING	Tow	Scon		STATE
MINER: IFICATE, BE FORV CTOR: FH THE STAND,		l certify that		of the remains de	scribed obove, he	eld on Autop			Inquiry [n my op	inion	
AL EXAM HE CERTIFIE HOULD BE ALDINECT ITH, WITH E, MARYU	ACTU	ATURE	unc	Sefle	yhper	2 .	TITLE (SPECIFY)	MEDICA	L EXAMINE	R	DATE SIGNEI	11/2	0/82
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFE DEATH, WITH THE STI BALTIMORE, MARYLAND, 3	EXAM (TYPE	INER'S NAME OR PRINT)	FRA	vers 6	MA	460	ADDRESS 8200 (Viscon	sia fu	Be	74	10515	MB
BP	(SPECIFY)	Buria	1 11	DATE -/27/82	Harm	ony Me		23d LOCA CITY OR T Land	TOVET	P.G	oc 6	wath	land
DHMH - 17 (VR A15 ME (5)) 15M 2/80	383	i director L Geor	gia A	Y's Fu ve.NW;	neral H Washin	lome gton,D	e BEC	LEC. DRIGE	SETRA	III-MCOTS (MAR. 2. 2.1	GNATURE	



2		1-	FOR STATE REGISTRAR	ME	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MEN	NTAL HYGIEN	₹ 2	2 REG. NO.	9 6	8	8
		1. DE		BERENA	WIDDLE	KLEIN		20. DATE KN OF E DEATH M	OWN A MO	NTH DAY	YEAR	IL HOU
	(1)	3. SE)	PMALE WH	5. DATE OF BIRTH	7 89 6. AGE (IN Y) LAST BIRTHE	AY) MONTHS DAYS	UNDER 24 HRS.	le DATE PRONOUNCE DEAD	D NO	VIH CAY	19 YEAR 1982	
	NEGES S FOR WITH	H	RTHPLACE (STATE OR REIGN COUNTRY)	U.S.A.	HAT COUNTRY?		DIVORCED	9. BALTIMOR	10n	6 S	death dm c	LY YME
	PAGE FRIED	(TY OR TOWN OF DEATH	(IENO IN SUCH)	ACILITY, GIVE STREET ADDRESS)	S HOJE		MALOCCUPAT MOST OF WORKING MEMAKER	ION (TYPE OF W	ORK 121 K	IND OF BU IR INDUSTI IN HOI	SINESS VE
. 21201	AND 3 TE AND 3 TE RETAIN SHOULD BY THE CORD	13e. S	ME 13h COL	ne or other institution, to unity on t	13c. Thy OR TOWN	13d. INSIDE CITY YES X	NO I	EET ADDRESS	Pla	y f	ovd	Lane
ORE, MD	GES 1, 2 M PM 3 AND 2 AND 2	A	THER'S NAME RYA	MIDDLE	DÔV	LEAH		MIDDI			ŀŴI MM	ER
BALTIMO	S AFTER DE GIVE PAGE TH FORM PAGES 1 A VISION O		VAS DECEASED EVER IN U.S. / ES, NO, OR UNKNOWN) (1F YES, G)	ARMED FORCES? IVE WAR OR DATES)	052-40-34			1010 PL SILVER		MAR		
ON ST.,	24 HOURS / ITEM 1B. GI IONG WITH PERMIT. PA GIENE, DIVI		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	SED BY: NATE CAUSE (a)	e for (a), (b), and (c).) AS A CONSEQUENCE	voneli	al Pa	ewy	noni	BET	WEEN ONSE	INTERVAL AND DEATH
V. PREST	ENCIL IN II MINER ALC TRANSIT P ENTAL HYG OR REMOV	7	Conditions, if any, whi gave rise to immedic cause (o) stating the und	ich ote (b)	AS A CONSEQUENCE	spirat	rin					
S, 201 V	FZX4XZ		lying cause last. PART 2 OTHER SIGNIFICANT CONDITION	(c)	6	eneva	1 De	-bil	, 'ty			
RECORD	ASA CREW	MOIT	19g. DATE OF OPERATION	ec-bure	Rt. hr	RATION WAS PERFORM				Inc	ALITOREVE	
VITAL	MORD TO THE CHIEF BE USED NI OF HE BERINAL	CERTIFICATION	10-20-	21b. TIME O	Tractr	IZIC HOW INJURY O	16.8	NATURE OF INJURY	NI WELL TO DARK I		YES	NO
SIONO	G THE V G THE V TO TH HOULD VARTME	MEDICAL C	UNDERLYING OR CONTRIBUTING CAUSE C	HOUR A.M	MONTH DAY YEA		Kn	RATORE OF INSURT	IN HEM 18 PART I	OR PART 2}		
DIVI	WR WAR	ME	WHILE NOT WHILE AT WORK	STREET, FAC	TORY, FARM, ETC.)	Pay E	Wallan	CITY OR TOWN	1. Spg.	MO	2	MI.
	MINER: IFICATE, BE FORV BE TOR: IN THE S YLAND,	-	220 I certify that I took cha	orge of the remains des	5	Autopsy . , I	Inspection D.,	Inquiry		ny opinion		
	EDICAL EXAM JIE THE CERTIF 4 SHOULD BI NERAL DIREC DEATH, WITH		ACTUAL SIGN CONTROL	200	Cogen	TITLE (SPE	by MED	ICAL EXAMIN	ER SI	ATE V	1.17	1981
	TO MEDIC EXECUTE 1 PAGE 4 S TO FUNEI AFTER DE/ BALLIMOI	_ ((TYPE OR PRINT)			D. ADDRESS		SPRING		LAND		
	BP	(\$	BURIAL	11/18/198	82 RIVERSI	METERY OR CREMATOR	ROCI	HELLE P		COUNTY		JERSE
	DHMH - 17 (VR A15 ME (5)) 20M 4/82	29 1	DONALD M. STE 232 CARROLL S			TON, D. C.	NOV 22	1982	P LEGISTRA	C WOR		-

NEW JERSEY



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Pretained by the haspital or attending physician.

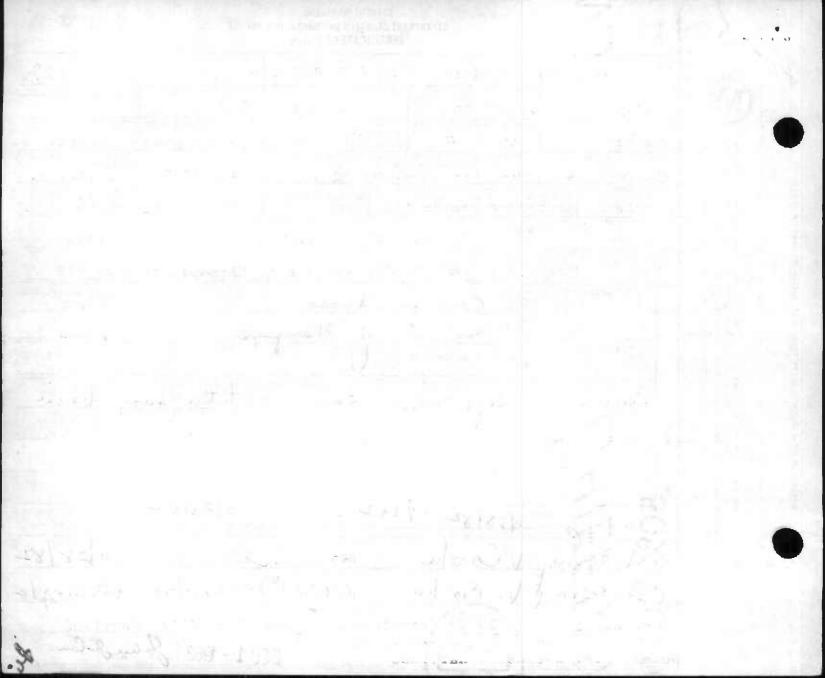
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 it with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE &	REG.	NO.	9	6	8	1
1. DECEASED NAME FIRST	MIDDLE LAST	2a. DATI	OF DEATH	MONTH	DAY	YEAR	2b HC	OUR

~ STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT) A LFRE	D WILLIAM	KLEMENTJr	November	28, 1982 12 P
3. SEX Male	4 RACE Caucasian	5 DATE OF BIRTH NOV. 8, 1923	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
7a. Birthplace (state or foreign Country) Texas	76. CITIZEN OF WHAT COUNTRY		MONTGOM	NTY OF DEATH
BETHESDA	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Scientist	12b. KIND OF BUSINESS O
		WN 13d. INSIDE CITY LIMITS? YES ▼ NO □	13e. STREET ADDRESS 10105 Summi	(20895) t Avenue
Alfred	W. Klemen	,	t h	Moore
160 WAS DECEASED EVER IN U.S. A LYES, NO OR UNKNOWN) (1945 O Yes 194		11 0000	. Klement, s	
	only ane cause per line for (a), (b), on SED BY: ATE CAUSE (a) Cien Cim	mulosis		BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	no 3 premp	- VX	lome
PART 2. OTHER SIGNIFICANT OT CALLACTOR 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	of felt, Col	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF	GIVEN IN PART 110 YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
OD CONTRIBUTION CAUSE OF E	EATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM	YES NO
(IF EITHER NOTIFY MEDICAL EXAMIN 21d. NUJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION	CITY OR TOWN	COUNTY STATE
	pital) attended the deeposed from 19, not) view the body after death.	, and that in (my) (our) opinian	death occurred an the date and	haur and fram the couses stated
22b. SIGNATURE	VCooke		MEDICAL STAFF MECTOR PHYSICIAN	11 28 8
22d PHYSICIAN'S NAME (TYPE	V. Cooke	270. ADDRESS 10 400 C	onn. Aue	, Chrongl
230 BURIAL, CREMATION, REMOVA Entombment	2, 1982 P	arklawn Mem.Park		COUNTY STATE Maryland
P.A. Be			TE REC'D. BY REGISTRAR 251 P	aluga Cahi

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.



requires that the death certificate

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP

retained by the hospital or ottending physicion.

FOR STATE

STATE OF MARYLAND 9 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	DECEACED MAAR	FIRST	WIDDLE		LAST					The second second
	DECEASED NAME						20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOU
	, January	Frances	May	7	Koch			11-28	-82	6,3
3.	SEX	4. F	RACE	S. DATE	OF BIRTH	YEAR	6. AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER TYEAR	IF UNDER
	female		White	4		1924	58	YRS	MONTHS DATS	HOOKS
7/10	BIRTHPLACE (STATE	OR FOREIGN 7b.	CITIZEN OF WHAT CO	DUNTRY?	D NEVER A	AARRIED T	9 BALTIMORE CIT	_		
15	Pennsylva	ania	U.S.A.	. WIDOW	7	ORCED	Montgor	nery a	ounty	
V 10	CITY OR TOWN OF		NAME OF HOSPITAL		OR OTHER INST	ITUTION	120. USUAL OCCUP		12b. KIND C	
400	Silver Spri		Hay cros	s Hospit			Housewi	fe	own	Hom
	SUAL RESIDENCE (IF	113b COUNTY	ER INSTITUTION GIVE RESIDE	ENCE BEFORE ADMISSION)	1 13d. INSIDE CI	ITY LIMITS?	13e. STREET ADDRES	SS		
50	Md.	Montg			YES 🔀		10607 A		Ave.	209
111	FATHER'S NAME	MIDI	DIE	LAST		MAIDEN NAM			LAS	1000
50	Joseph	_		May		label	MIDUL			nce
1 16	WAS DECEASED EN	ER IN U.S. ARME	D FORCES? 16b. SOC	CIAL SECURITY NO.	17. INFORMA		108	07° Amh	erst	Ave.
1	NO	(IF 1ES, GIVE W	198	-18-2269	Edwar	d H. F				
-	18. CAUSE OF DE	ATH (Enter only o	one couse per line for to		a					ONSET AND
	PART I. DEATE	IMMEDIATE	P_{N}	EUMONI	A. (R)	LUNC	*			
	Conditions, if c gove rise to couse (a), st	immediate ating the	DUE TO, OR AS A CO	CINOM	A OF Q	LVN	G WITH	DISTAN	TMET	ASTA
	gove rise to couse (a), st underlying co	immediate ating the suse last.	(b) CAR	ONSEQUENCE OF						
	gove rise to couse (a), st underlying co	immediate oring the suse last.	DUE TO, OR AS A CO	CINOM ONSEQUENCE OF	T NOT RELATED	TO THE TERMI	NAL DISEASE OR CO	ONDITION GIV	VEN IN PART 1	01
	gove rise to couse (a), st underlying co	immediate of the output of the	DUE TO, OR AS A CO	ONSEQUENCE OF	T NOT RELATED	TO THE TERMI	NAL DISEASE OR CO	ONDITION GIV 20b. IF YES IN CERTIF	VEN IN PART 1 S, WERE FINDING CAUSES SS	O USED
CALL	gove rise to couse (01, st underlying co	immediate ating the truse lost. IGNIFICANT CON RATION UNDERLYING CAUSE OF DEATH	DUE TO, OR AS A CONDITIONS CONTRIBU	ONSEQUENCE OF THING TO DEATH BU OR WHICH OPERATION ONTH DAY YEAR	T NOT RELATED DN WAS PERFO 21c. HOW IN	TO THE TERMI	NAL DISEASE OR CO	ONDITION GIV 20b. IF YES IN CERTIF	VEN IN PART 1 S, WERE FINDING CAUSES SS	O USED
CALL	gove rise to couse (01, st underlying co	immediate ating the luse lost. IGNIFICANT CON RATION UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	DUE TO, OR AS A CONDITIONS CONTRIBU	ONSEQUENCE OF TING TO DEATH BU OR WHICH OPERATION (NTH DAY YEAR 19	T NOT RELATED DN WAS PERFO 21c. HOW IN	TO THE TERMI	200 AUTOPSY? YES NO ED (ENTER NATURE OF I	20b. IF YES IN CERTIF YE	VEN IN PART 1	NGS USED S OF DEAT NO
CALL	PART 2 OTHERS 19a DATE OF OPE 11a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 71d INJURY OCC	immediate ating the luse lost. IGNIFICANT CON RATION UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) URRED	DUE TO, OR AS A CONDITIONS CONTRIBU	ONSEQUENCE OF TING TO DEATH BU OR WHICH OPERATION (NTH DAY YEAR 19	T NOT RELATED DN WAS PERFO 21c. HOW IN	TO THE TERMI	200 AUTOPSY? YES NO ED (ENTER NATURE OF I	ONDITION GIV 20b. IF YES IN CERTIF	VEN IN PART 1 S, WERE FINDING CAUSES SS	o NGS USED
CALL	gove rise to couse (o), st underlying couse (o), st underlying couper	immediote of the office of the	DUE TO, OR AS A CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR A CONTRIB	ONSEQUENCE OF TING TO DEATH BU OR WHICH OPERATION (NTH DAY YEAR 19 RY RY, OFFICE, FARM ETC.)	T NOT RELATED ON WAS PERFO 21c. HOW IN	TO THE TERMI	200 AUTOPSY? YES NO ED (ENTER NATURE OF I	20b. IF YES IN CERTIF YE	VEN IN PART 1	INGS USED S OF DE ATI NO
CALL	QOVE rise to couse (oil, st underlying co underlying co underlying) PART 2 OTHER S 119a DATE OF OPE 21a, ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 21d, INJURY OCC WHILE NOW, NOW, 120 NOW, 12	immediate ating the truse lost. IGNIFICANT CON RATION UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) URRED T WHILE WORK MORK II () (this hospital) eased alive on control of the co	DUE TO, OR AS A CONDITIONS CONTRIBU 19b. CONDITION FO 21b. TIME OF INJURY HOUR A.M. MO P.M. 21c PLACE OF INJURY (AT HOME STREET, FACTO) ottlended the decease	ONSEQUENCE OF TING TO DEATH BU OR WHICH OPERATION (NTH DAY YEAR 19 RY OR OFFICE, FARM ETC.) ed from	21c. HOW IN	TO THE TERMI RMED JURY OCCURRI DN	200 AUTOPSY? YES NO ED (ENTER NATURE OF I	20b. IF YES IN CERTIFY YE NUMY IN ITEM IS P	VEN IN PART 1 S, WERE FINDII FYING CAUSES S COUNTY 19 22.	O INGS USED S OF DEATH NO STATE STAT
CALL	QOVE rise to couse (oil, st underlying co underlying co underlying) PART 2 OTHER S 119a DATE OF OPE 21a, ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 21d, INJURY OCC WHILE NOW, NOW, 120 NOW, 12	immediate ating the truse lost. IGNIFICANT CON UNDERLYING	DUE TO, OR AS A CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR A CONTRIB	ONSEQUENCE OF TING TO DEATH BU OR WHICH OPERATION (NTH DAY YEAR 19 RY OR OFFICE, FARM ETC.) ed from	21c. HOW IN	TO THE TERMI RMED JURY OCCURRI DN	200 AUTOPSY? YES NO ED (ENTER NATURE OF I	20b. IF YES IN CERTIFY YE NUMY IN ITEM IS P	S, WERE FINDII YEN IN PART 1 S, WERE FINDII YING CAUSES S TO PART 1 OR PART 2) COUNTY 19 7 ond from the	O INGS USED S OF DEATH NO STATE STAT
CALL	PART 2 OTHERS 19a DATE OF OPE 119a DATE OF OPE 21a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 21d INJURY OCC WARTE NO 22a.1 certify tho sow the dec- obove, (1) (we	immediate ating the truse lost. IGNIFICANT CON UNDERLYING	DUE TO, OR AS A CONDITIONS CONTRIBU 19b. CONDITION FO 21b. TIME OF INJURY HOUR A.M. MO P.M. 21c PLACE OF INJURY (AT HOME STREET, FACTO) ottlended the decease	ONSEQUENCE OF TING TO DEATH BU OR WHICH OPERATION (NTH DAY YEAR 19 RY OR OFFICE, FARM ETC.) ed from	TNOT RELATED ON WAS PERFO 21c. HOW IN 21f. LOCATIC STREET and that in (my)	TO THE TERMI RMED JURY OCCURRI ON 19 82	200 AUTOPSY? YES NO ED (ENTER NATURE OF I	20b. IF YES IN CERTIFY YE NJURY IN ITEM 18 PROWN	S, WERE FINDII YEN IN PART 1 S, WERE FINDII YING CAUSES S TO PART 1 OR PART 2) COUNTY 19 7 ond from the	OO INGS USED OF DEATH NO State of the text
7	GOVE rise to couse (oil, st underlying co numberlying co numberlying) PART 2 OTHER S 19a DATE OF OPE 21a ACCIDENT WAS OR CONTRIBUTING (IF ETHER, NOTIFY) 21d INJURY OCC NUMBER OF NOTIFY (NOTIFY) 22a 1 certify tho sow the decobove, (1) (we not	immediate ating the truse lost. IGNIFICANT CON UNDERLYING	DUE TO, OR AS A CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR ALL MAN MO P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTO) offended the decease with a body ofter decease the body of the decease with a body of the decease the body of the body of the decease the body of th	ONSEQUENCE OF TING TO DEATH BU OR WHICH OPERATION (NTH DAY YEAR 19 RY OR OFFICE, FARM ETC.) ed from	21t. HOW IN 21t. LOCATIC STREET and that in (my) DEGREE 4 22e. ADDRES	TO THE TERMI RMED JURY OCCURRI ON 19 20 ON TIENDING PHYSICIAN S	200 AUTOPSY? YES NO CITY O CITY O eoth occurred on th MEDICAL PHY	20b. IF YES IN CERTIFY YE NJURY IN ITEM 18 P	VEN IN PART 1 S, WERE FINDII FYING CAUSES S COUNTY 19 22 Jr and from the	oo INGS USED S OF DEATH NO State OF THE NO.
7	GOVE rise to couse (oil, st underlying couse) PART 2 OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 21d. INJURY OCC WHILE ALWORK AND SOW the decobove, (1) (see obove, (1)	Immediate aling the aline lost. IGNIFICANT CON RATION UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) URRED T WHILE WORK (I) (this hospital) eased alive on child (did alive)	DUE TO, OR AS A CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR ALL MAN MO P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTO) offended the decease with a body ofter decease the body of the decease with a body of the decease the body of the body of the decease the body of th	ONSEQUENCE OF THING TO DEATH BU OR WHICH OPERATIO (NTH DAY YEAR 19 RY OFFICE, FARM ETC.) ed from 211, 0	21t. HOW IN 21t. LOCATIC STREET and that in (my) DEGREE 4 22e. ADDRES	TO THE TERMI RMED JURY OCCURRI ON 19 20 ON TIENDING PHYSICIAN S	200 AUTOPSY? YES NO ED (ENTER NATURE OF I	20b. IF YES IN CERTIFY YE NJURY IN ITEM 18 P	VEN IN PART 1 S, WERE FINDII FYING CAUSES S COUNTY 19 22 Jr and from the	oo INGS USED S OF DEAT NO S OF
7	G. L gove rise to couse (oil, stunderlying couse) PART 2 OTHER S 19a. DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 21d. INJURY OCC WHILE MO AT WORK	immediate of the color of the c	DUE TO, OR AS A CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR AM. MO P.M. 21a PLACE OF INJURY (AT HOME STREET, FACTO) offended the decease with the body offer decease the body of the body of the decease the body of the bod	ONSEQUENCE OF TING TO DEATH BU OR WHICH OPERATION (INTH DAY YEAR 19 RY OFFICE, FARM ETC.) ed from D.	21t. HOW IN 21t. LOCATIC STREET and that in (my) DEGREE 4 22e. ADDRES	TO THE TERMI RMED JURY OCCURRI ON 19 22 (aut) opinion d ATTENDING PHYSICIAN S Fentoi	200 AUTOPSY? YES NO ED (ENTER NATURE OF I	20b. IF YES IN CERTIFY YE NJURY IN ITEM 18 PROVINCE ON THE NEW TOWN	VEN IN PART 1 S, WERE FINDII FYING CAUSES S COUNTY 19 22 Jr and from the	olings used sof peating that the table was stored to the table to the table ta
7	gove rise to couse (o), st underlying couse (o), st underlying couper (o), st underlying couper (o), so the couper (o), st the	immediate ating the ating	DUE TO, OR AS A CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR ALM. MO P.M. 21b. TIME OF INJURY HOUR A.M. MO P.M. 21c PLACE OF INJURY (AT HOME STREET, FACTO) offended the decease iew the body offer decease the body of the decease iew the body of the dece	ONSEQUENCE OF TING TO DEATH BU OR WHICH OPERATION ONTH DAY YEAR 19 RY RY, OFFICE, FARM ETC.) ed from D. 23c, NAME OF	21c. HOW IN 21f. LOCATIC STREET and that in (my) DEGREE 4 22c. ADDRES 8630	TO THE TERMI RMED JURY OCCURRI ON 19 22 LOWER OPINION OF ATTENDING PHYSICIAN OF Fenton Crematory Crematory	200 AUTOPSY? YES NO CITY O CITY O CITY O St., S 23d LOCATION CITY OF TOWN COTY A COTY TO CITY OF TOWN C	20b. IF YES IN CERTIFY YE NJURY IN ITEM 18 P R TOWN A dote and hou of taff (SICIAN)	COUNTY Sprin COUNTY COUNTY	on that (b) (we couses store SIGNED
7	gove rise to couse (o), st underlying couse (o), st underlying core (o), st underlying core (o), st underlying core (o), st underlying core (o), st underlying (o), s	immediote of the color of the c	DUE TO, OR AS A CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR A.M. MO P.M. 21b. TIME OF INJURY HOUR A.M. MO P.M. 21c. PLACE OF INJURY (AT HOME STREET, FACTO) offended the decease with the body offer decease with the body of the decease with the decease wit	ONSEQUENCE OF TING TO DEATH BU OR WHICH OPERATION (INTH DAY YEAR 19 RY (21t. HOW IN 21t. LOCATIC STREET 22te. ADDRES 8630 CEMETERY OR COOLITAR	TO THE TERMI RMED JURY OCCURRI ON 19 22 LOWER OPINION OF ATTENDING PHYSICIAN OF Fenton Crematory Crematory	200 AUTOPSY? YES NO CITY OF CITY OF TOWN OF T	20b. IF YES IN CERTIFY YE NJURY IN ITEM 18 P R TOWN A dote and hou of taff (SICIAN)	COUNTY Sprin COUNTY COUNTY	on that (b) (we couses store SIGNED

DHMH - 16 50M 4/82 (VRA 15, 4)

Process of the second CARCINOSAN OF KILLINGS OF THE PERSON OF THE STATE OF

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and a should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	STATE OF MARYLAND
FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	2	2	9	6	9	
	DEC NO					

REGISTRAR			CEKITI	ICATE OF DEATH	REG. N	0.		
1. DECEASED NAME FIRST		MIDDLE Phili	D	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
(TYPE OR PRINT) William	m -Ph	illip	Korp	usinski	November	12, 198	32	7:15 P
3. SEX	4. RACE		3. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI		NIHS DAYS	
Male	White		Feb	ruary 22, 1914	68	YRS.	DAYS DAYS	HOURS MIN,
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER MARRIED	9. BALTIMORE CITY		OF DEATH	
Pennsylvania	U.S.A	١.	WIDOWE		Montgome	ry		WD
10 CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	10N	126. KIND C	DE BUSINESS OR
Bethesda	The Cl	inical Ce	enter	, NIH	Supervis		Tire	Firestor &Rubber
Pennsylvania	OTHER INSTITUTION.	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 121 Pula	ski Dr:		.9464
FATHER'S NAME FIRST Philip	WIDDIE	Korpusin	nski	15. MOTHER'S MAIDEN NAM	MIDDLE	Ţ	Visnie	wski
160 WAS DECEASED EVER IN U.S. AR		166. SOCIAL SECUP		17. INFORMANT	ADDR			
(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	153-07-7	7559	Mrs Adelle Ko	rpusinski,	wife,	same	
18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	TE CAUSE (0)	line far (a), (b), and Peritones	al Sa	rcomatosis			2 m	onths
gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (2)	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVE	N IN PART II	a,
190. DATE OF OPERATION 11/9/1982 210. ACCIDENT WAS UNDERLYING		TION FOR WHICH C		N WAS PERFORMED	200 AUTOPSY?			NGS USED 6 OF DEATH?
OR CONTRIBUTING CAUSE OF DEA	HOUR A.	FINJURY M. MONTH DA' M.	Y YEAR	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STR	OF INJURY LEET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR TO		COUNTY	STATE
22a. certify that Xi (this haspi saw the deceased alive on above Xi (we) (did) Xi X	12 NOV	e deceased from 82	7	tober 19 82 and that in (1) (our) apinion de	to 12 Nove			that (h (we) lost couses stated
226. SIGNATURE Jerry	Glen		٨	ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	13/82
22d PHYSICIAN'S NAME (TYPE	LENN			220. ADDRESS The Cl Institutes o	inical Cen f Health,	ter, N. Bethes	ationa da, Md	20205
30. BURIAL, CREMATION, REMOVAL	236. DATE	23c. N.	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			N.J.

Falls Church, Va.

DHMH - 16 50M 4/B2 (VRA 15, 4)

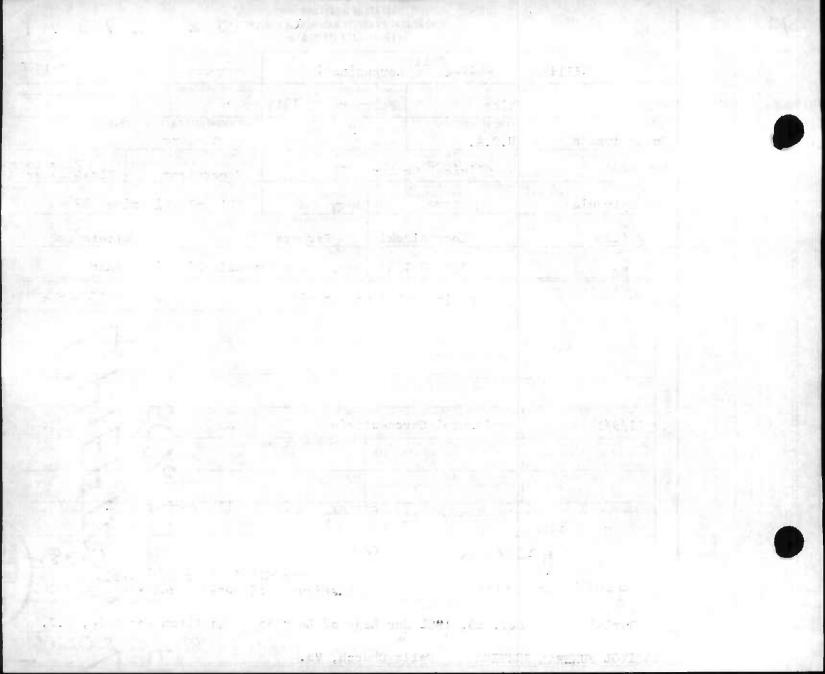
24. FUNERAL DIRECTOR

CAPITOL FUNERAL SERVICE

retained by the haspital or attending physician.

BP

IMPORTANT: If them 21 is morked or them 18 shows any injury, or other traumatic event, the



natified at once.

IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or ather troumatic event, the medical Expr

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

63	9	0	6	0	9
2	line	7	0	7	La
DEC NO					

FOR STATE REGISTRAR				ALTH AND MENTAL HYG	IENE 8 2	2 9	5	9 2	
	RST	MIDDLE	LAS	,	20 DATE OF DEATH	MONTH DAY	YEAR 2	b. HOUR	
(TYPE OR PRINT)	THERINE		KR	PALJ		11 25	52	11.54 1	
3. SEX	4. RACE		5. DATE OF	BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNI		FUNDER 24 HRS	
Female	Caucas	ian	Nov.	26 . 1886	96	YRS.			
Ja. BIRTHPLACE (STATE OR FOREK		WHAT COUNTRY?	8 MARRIED	□ NEVER MARRIED □	9 BALTIMORE CITY C	R COUNTY OF	DEATH		
Yugoslavia			WIDOWED	DIVORCED [Montgomer	County	292	MD.	
ID. CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	HOME OR	OTHER INSTITUTION	12a. USUAL OCCUPAT		Ib. KIND OF E	BUSINESS OR	
BETHESDA	Betheso	la Health (Care C	Center	Housewife				
MARYLAND MC	ONTGOMERY ONTGOMERY	13c. CITY OR TOWN BETHESDA	11	38. INSIDE CITY LIMITS? YES NO 🎇	13e STREET ADDRESS 5721 GROST	VENOR LA	NE		
14 FATHER'S NAME FIRST John	MIDDLE	Yondroc	1	S. MOTHER'S MAIDEN NAME FIRST Unknown	WE		LAST		
160 WAS DECEASED EVER IN L	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	16b. SOCIAL SECUR	ITY NO. 1	7. INFORMANT	ADDRI Box 16	55 Rt. 8	5		
no (YES, NO OK UNKNOWN)	TES, GIVE WAR OR DATES)	never had	d one	Barbara LeBa		vstown .			
gove rise to immedicouse (a), stofting underlying couse la	Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS COURT CONDITIONS COURT CONDITIONS COURT CONDITIONS COURT CONDITIONS COURT CONDITIONS CO			OT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	N PART I(a)		
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY	196 COND	ITION FOR WHICH C	PERATION	WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
21g. ACCIDENT WAS UNDERLY	ING T 21b. TIME C	E IN ILIPY		21c HOW INJURY OCCUR	YES NO	YES [NO 🗆	
00.000.000.000.00	OF DEATH HOUR A	.M. MONTH DAY	YEAR		LEMIER MATORE OF INJU	RT IN HEM 16 PART I	JR PART 2)		
OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALE: 21d. INJURY OCCURRED WHILE AT WORK AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, FAR		211 LOCATION STREET CITY OR TOWN COUNTY STATE					
22a.1 certify that (1) (this saw the deceased o above, (1) (we) (did) (22b. SIGNATURE	all the state of t	Bes 19 8	2, ond	78 19 that in (my) (our) opinion of GREE	, to				
					MEDICAL STA	FF CIAN []	11/26,	182	
226. PHYSICIAN'S NAME	(TYPE OR PRINT) LEKAEUL	_ MD		7425 ARL	INGTON RA	. BETH	ESDA	, MeD	
230 BURIAL, CREMATION, REM (SPECIFY) BURIAL				METERY OR CREMATORY	23d. LOCATION CITY OF TOWN	cou	YINU	STATE	
24 FUNERAL DIRECT NAME IVES FUNERAL		VIIIOUII DVI	. ~ .	Cemetery 250 DAT	e rec'd. by registran OV 2 9 1982	John	2 Can		

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

again and P. T.

10	-	

тау ре

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

29

1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.				
	CEASED NAME	FIRST	-	MIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOL)R
11111		Bessie				Kramer		11	7	82	3.	228 M
3. SE		4	RACE		5. DATE C		6. AGE (IN YEARS LAST BE	RTHDAY	MONTHS	RIYEAR	IF UNDER	
	Female		Cauc	•	Dec.	24, 1907 AR	74	YRS	MONTHS	DATS	HOURS	MIN.
	RTHPLACE (STATE OF	R FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		TY OF DE	ATH		
	Virginia						Montgom	erv				445
10. C	ITY OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b.	KINDO	F BUSINE	MD. ESS OR
	ethesda			dany Hosp			Housewi		LIFE) INC	USTRY		
13a. S	AL RESIDENCE (IF NUI	135 COUNT	Y	13c. CITY OR TOW	VN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS					
M	aryland	Monte	gomery	Rockvil	le	YES 🔀 NO	6121 Mo	ntros	e Ro	ad		
14. F/	THER'S NAME	M	IODLE	_ AAST		15. MOTHER'S MAIDEN NA	ME			LAS	Ť	
	Morris			Lipse	У	Ida	Moore			Tru		
	VAS DECEASED EVE			166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR	ESS				
(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	577-03-	9780	Marvin Kram	er; 4907 Mc	Call	St.,	Ro	kvil	LleMo
CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUT				ENCE OF	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF Y	ES, WERE	EFINDIN	IGS USEI	
RTI			AN 71115 O	E & LIDBY		Tat. How him or a count	YES NO		YES [NO [
	OR CONTRIBUTING	h-mad	21b. TIME O HOUR A.		AY YEAR	21c. HOW INJURY OCCURE	KED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART I OR	PART 2)		
CA	(IF EITHER NOTIFY MEI	DICAL EXAMINER)	Ρ.,		19							
MEDICAL	WHILE NOT WAT WORK	VHILE	21e. PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM ETC)	21f. LOCATION STREET	CITY OR TO	OWN	co	UNIY	S	STATE
			ol) ottended th	e deceased from	8	19 83	10 11	7	198	0	that (I) (we) lost
X	22a. I certify that (I) (this hospital) attended the deceased from											
226. SIGNATURE DEGREE R. Shakii Degree ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN [AFF CIAN [22	DATE	SIGNED	2
	22d. PHYSICIAN'S N		PRINT)	9. SHAI	tIR	HEBREY) HOME	612	Will	ion	Kose	RD 2085
23a I	BURIAL, CREMATION		23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION					STATE
									COUN			

Burial 11-9-82 King David Mem. Gdn. Falls Church, Virgin:

Rockville, Md. 250 Date REC'D. By REGISTRAR 2007 REGISTRAR'S SIGNATURE

Danzańsky-Goldberg Chapels; 1170 Rockville Pike NOV 1 2 1982

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the fum should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within

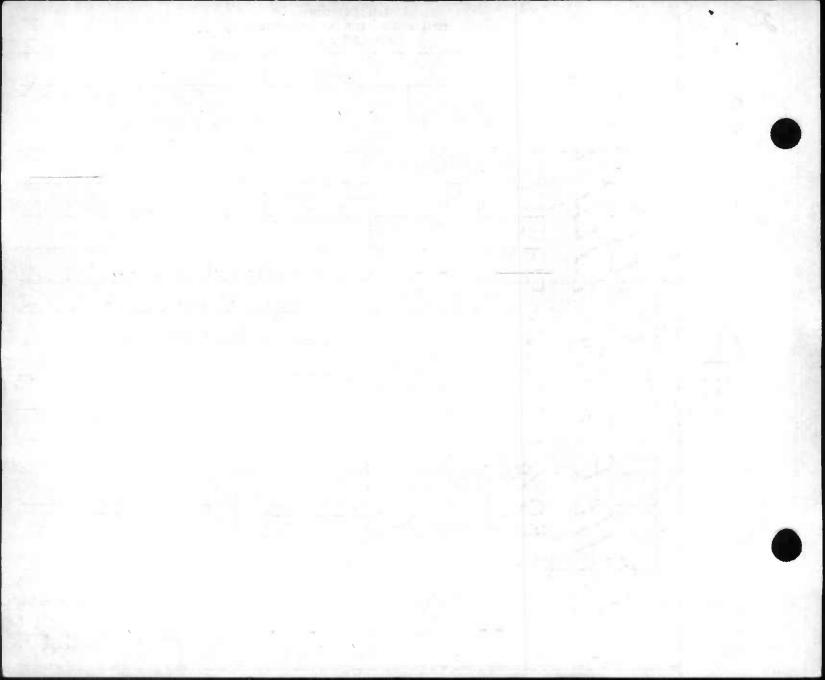
should be detoched for use as the buriol-transit permit. Then please remove corbonopper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. IMPORTANT: If Item 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR

event, the medical

injury, or other troumatic



OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter

1.2		1-1-
1x	1-	FOR STATE REGISTRAR
d de	1. DEC	CEASED NAM
er de	3. SEX	X
directal part hours after death		I
72 hou		RTHPLACE (S
ot or	T	ennesse TY OR TOWN
I with		
led in by the full be filed with	FUSIL	Bethe:
In a series	13a. S	IAIE
show show	Ma: 14. FA	ryland
mpletely filled in by the funeral and 2 should be filed within 72 in the following file of the following file		Will:
d con		VAS DECEASE
Pog.	()	Yes, NO OR UNKN
ysicio appers val. it, the		18 CAUSE O PART I. D
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral directal should be detached for use as the burial-transit permit. Then please remuve carbonisapers. Pages 1 and 2 should be filled within 72 hours attained be detached for use as the burial-transit permit. Then please remuve carbonisapers. Pages 1 and 2 should be filled within 72 hours attain the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal. MPORTANT: If them 21 is marked or item 8 shows any injury, or other traumatic event, the medical prominer mass be extired at once.		Canditians, gove rise cause (a), underlying
been signed mir Then ple prior to buric any injury, o	TION	PART 2. OTH
nos b ne pr ws or	IFIC/	176. DATE OF
TO FUNERAL DIRECTOR After this certificate hos should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene MAPORTANT: If them 21 is marked at item 18 shows	MEDICAL CERTIFICATION	210. ACCIDENT OR CONTRIBUT (IF EITHER, NOT 21d INJURY (WHILE AT WORK
OR A P Heal	1	22a 1 certify saw the
RECT led for ppt. of em 2		saw the abave 22b. SIGNAT
RAL DII e detach state De		Ku
ould be thathe S PORTA		Russ
5 € 3 ₹		

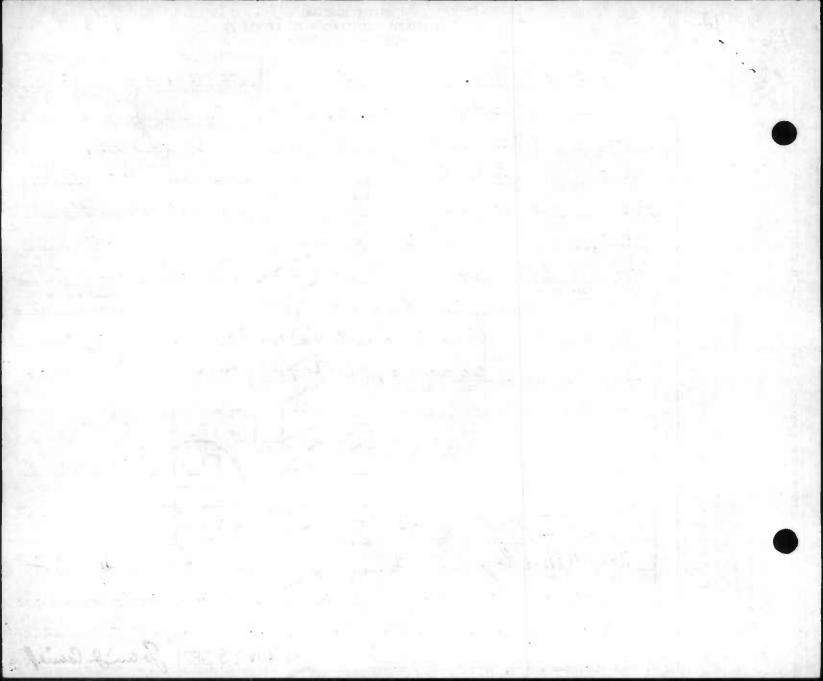
STATE OF MARYLAND 9 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

	CEASED NAME	FIRST	1	WIDDLE	L	AST		20. DATE OF DEATH	MONTH	DAY Y	EAR	2b. HOUR
(1172		ames		Ρ.	La	Croix		November	8. 1	982		3:45A M
3. SE			4 RACE		5 DATE C			6 AGE (IN YEARS LAST		IF UNDER	1 YEAR	IF UNDER 24 HRS
	Male	100	Caucas	ian	Dec	. 17. 189	YEAR OO	91		RS.	DAYS .	HOURS MIN
	RTHPLACE (STATE OR FO	DREIGN	b. CITIZEN OF	WHAT COUNTRY?	0	D X NEVER MARK		9 BALTIMORE CITY			TH	
_	ennessee		United S	States	WIDOWE			Montg	mera	Count	37	MD.
10 C	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN	G HOME C		Total Control	120 USUAL OCCUP.	ATION	12b. K	IND OF	F BUSINESS OR
	Bethesda			estridge				Comptrol	Ler			Corps
130. 3	AL RESIDENCE (IF NURS	13b COUN	OTHER INSTITUTION. TY	13c CITY OR TOW	ADMISSION)	134. INSIDE CITY L	IMITS?	13e. STREET ADDRES	S			
	ryland	Mont	gomery	Bethesda		YES 🔀 NO		5102 West	ride	ge Road	. Z	ip 2081
14. FA	THER'S NAME FIRST	N	NDDLE	LAST		15. MOTHER'S MA		ME MIDDLE			LAST	
	William	Aire		LaCroi	X	Juli	ia			Sh	arp	
	VAS DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	(w	ife) ADI	ORES.S			
	Yes	WW		579 60	2334	Margue	rite	S. LaCr	oix	see	2 #	13
	18 CAUSE OF DEAT	H (Enter anl	y ane cause per	line far (a), (b), and	(c), l				114	BE1	PPROXIA	MATE INTERVAL
	PART I. DEATH W	IMMEDIATI		can	line	deres	-			1	mi	nut
	4144		DUE TO, OF	R AS A CONSEQUE	NCE OF							
	Conditions, if any, which (16) Chrome consessing heart Failure									years		
	gove rise to imr	ig the	DUE TO OF	R AS A CONSEQUE	NCE OF		Λ	1				
	underlying cause lost. (c Course other dralage									years.		
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								GIVEN IN PA	ART 1(a		
CERTIFICATION	THE C. U.											
CAI	190. DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY?		F YES, WERE F		
TIF								YES NO		YES [(0353 (NO [
E	210. ACCIDENT WAS UNE		216. TIME O		Y YEAR	21c HOW INJURY	OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEA	M 18, PART 1 OR PA	RT 2]	
CAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC		P./		19							
MEDICAL	214 INJURY OCCUR	RED	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	DIA ETC.)	211 LOCATION STREET		CITY OR 1	Overbl	COUNT	TV	STATE
>	AT WORK NOT WE	HILE	(AT NOME, STR	EET, FACTORY, OFFICE, FA	KRM, ETC.J	Jineer		CIII OK	OWN	000141		STATE
	22a 1 certify that (1)	(this hospit				, 19	197	Z, to	0	19 0 6	The state of	hat (I) ()
	saw the deceased alive an											
	226 SIGNATURE	11005	- 11	1		DEGREE						SIGNED
	Kussell hilley h. m.D. ATTENDING PHYSICIAN []							MEDICAL ST	AFF SICIAN [1 1	1-8	82
	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS									2	00.	1.6
	Russell	L M.	Tilley	, Jr MD		4701 Ma	ass.	Av., NW	. Wa			n, D.C.
23a. B	URIAL, CREMATION,		23b. DATE		AME OF CI	EMETERY OR CREM		23d. LOCATION			201	
	Cremation	1	Nov. 8	1982 Me	tron	olitar (Tam	CITY OR TOWN	A 1 63	county	2	Virgin
24. FU				umphasey				REC'D. BY REGISTRA	R 25b. RE	STRAR'S SI	GNATU	JRE
	omes. P.			a. Mary		craı	N	OV 15 1982)	blu -	2.1	swell-
	JHES FAF	D D	ELHESO	a. Mary	Land.			= - 1000	- 6/			

BP. DHMH - 16 60M 7/73 (VRA 15 (4))

retained by the haspital ar attending physician.

TO HOSPITAL



	60	1		
	death. Page	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and complitately filled in by the timeral direction should be detached for use as the businel-transit permit. Then please remove carbon-papers. Pages 1 and 1 should be filled within 72 hairs of with the State Dept. of Health and Mental Hygiene prior to businel, cremation, or removal.	of deloner.	1
107170	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after denth. Pag	lled in by the	IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumotic event, the medical manufacturing the northest of other	0
UVINON OF VITAL RECORDS, 201 W. PRESSON ST., BALLIMORE, MARIERING ALEDIN	uted william	completely fi	15	2
, BALLIMOR	icote be exec	hysicion ond popers. Poges ovol.	ent, the medic	
RESIGN SI.	deoth certif	nove corbon	troumofic eve	
13, 201 W. F	uires that the	ugned by the en pleose rer o burial, crem	ury, or other	
AL RECORD	The low req	le hos been sit permit. The giene prior to	shows ony in	2
SION OF A	PHYSICIAN: ending physi	this certificone be buriol-tron	d or hem 18	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The Larenined by the hospitol or ottending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	n 21 is morke	
	SPITAL OR A	NERAL DIRE	TANT: If Hem	1
	TO HO:	should with the	IMPOR	

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGII CERTIFICATE OF DEATH	ENE	8	2	2) (9 6		9	5
	CERTIFICATE OF DEATH			REG. N	10.		4.5			
Ī	LAST	20. D	ATE OF	DEATH	MONTH	DAY	YEAR	26	HOUR	

L	- STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.		-0			
	DECEASED NAME	FIRST		MIDDLE	ı	AST	20. DATE OF D	EATH MONT	_			2b. HO	JR
	(TYPE OR PRINT)	Harry		S.	La	add				1982			3 PM
3	. SEX	4	RACE		5. DATE C		6 AGE (IN YEA	RS LAST BIRTHDAY)		ONTHS E	YEAR	IF UNDER	R 24 HRS MIN.
L	Male	- VI 6	Whi	te	Jan.	1899	93		YRS.			110000	JANIES.
7	O. BIRTHPLACE (STATE OR	FOREIGN 76.	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D M NEVER MARRIED	9. BALTIMORE	CITY OR CO	UNTY	OF DEAT	H		
4	Missouri		USA		WIDOWE		Mont	gomery	Col	intv			MD.
T	O. CITY OR TOWN OF DE	ATH 11	. NAME OF I	HOSPITAL, NURSIN	G HOME C	5215, Cedar I	12a USUAL OC	CUPATION		12b. KII	ND OF	BUSIN	ESS OR
	Bethesda	C	arriag	e Hill-Be	thesc	la Bethesda, Mo	Geol	ogist		US	Gee	log	.Sur
	JSUAL RESIDENCE (IF NUR 30. STATE	136. COUNTY		GIVE RESIDENCE BEFORE		1134. INSIDE CITY LIMITS?	13e. STREET_AD	DRESS					
1	Md. 20815	Montg		Chevy Ch		YES K NO	3905	Leland	Sti	reet			
T	1. FATHER'S NAME		DIF	LAST		15. MOTHER'S MAIDEN NA		MIDDLE			1457		
1	Charles	MIL	DOLE	Ladd		Alice		WIDDLE			Ber	mis	
1	60 WAS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS					
1	(YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	217-44-	0258	Jane M. Lad	d, Same	addres	SS 8	as #]	s #13.		
F		H (Enter only)	one couse per	line for (a), (b), one	dieta					BETY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
н	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardio - pulm and and area.												
	PART 2. OTHER SIG	underlying couse lost.			A CONSEQUENCE OF				N GIVI	EN IN PA	RT 110		
	NO 19a. DATE OF OPERA	19a, DATE OF OPERATION 19b, COND			ITION FOR WHICH OPERATION WAS PERFORMED			INC	CERTIFY	YING CA	WERE FINDINGS USED NG CAUSES OF DEATH?		
	21g. ACCIDENT WAS UN	DEBLUNIC [7]	216. TIME O	NE IN HIDY		Tale HOW IN JURY OCCUPY		400	YES		27.01	NO [
Z .	00.000.000.000.000.00	CAUSE OF DEATH	HOUR A.	M. MONTH DA							11 21		
	(IF EITHER NOTIFY MED 21d. INJURY OCCUR		21e. PLACE	M. 19 211, LOCATION				75.4		700.7			
1	WHILE NOT W	HILE D	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM ETC)	STREET		CITY OR TOWN		COUNT	Y		STATE
ı	22a.1 certify that (I saw the decea above, (I) (we)	sed olive an	wend	ther 30 19 K	2,0	nd that in (my) (aut opinion			nd hour	ond from	n the c	hat (1) ((we) lost toted
	226. SIGNATURE	an W.	See	C. M. L),	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN (22c. [ATE S	IGNED	-30
1	PHYSICIAN'S N	AME (TYPE OR PI	W.	Ege	~	1234-19	, ४५ ६०६	est,	N-	400	-	48	2
2	3a. BURIAL, CREMATION (SPECIFY) Crematio		23b. DATE 12/2/			EMETERY OR CREMATORY Hill Cremato	23d LOCAT Cury of Su.	tland,	Ma	ryla	nd		STATE
2	4. FUNERAL DIRECTOR	Joseph	Gawle	r's Sons	Inc	2007 6 250. DAT	FREC'D BY REC	GISTRAR 256. R	7 ST	RAR'S SIC	NATI	IDE	. #
1	5130 Wiscon	sin Ave	S MAKINS	shington	D.C.	· COOTO	-0 0	306	100	mo	P- C	and	M

DHMH - 16 50M 4/B2 (VRA 15, 4)

COLL (T. and estable as the second · III . B CO L January Course 12 2 Species Avenue 2 Species School School St. 1988 The state of the s enetics of the second of the s

+-	1-	FOR STATE REGISTRAR	NES	DEPART	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2 2	9696
erdeoth		SPRINT) James JAN	45	H.	L	AKE Lake	NOV. 14	1982 12 0M M
ursafterd	3. SE	Male	4 RACE	White	5. DATE	OF BIRTH 2 DAY 1912		IF UNDER 1 YEAR IF UNDER 24 HRS
	(RTHPLACE (STATE OR FOREIGN	U. S.		WIDOW		9 BALTIMORE CITY OR COUNTY Montgomery	OF DEATH MD.
	Be	thesda	(F Subu	rban Hos	pital	or other institution	120 USUAL OCCUPATION (1120 CM DAVE) F WORKING LIFE	Federation
35	130		tgomery	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS? YES NO [134 Hesketh St.	(20815)
150	14. F.A	THER'S NAME Edward	MIDDLE	Lake		Effie	WE .	Harris
medical	16a V	YAS DECEASED EVER IN U.S.	ARMED FORCES? GWWII DATES)	399-07-80		Susan T. Lake	e wife 134 Hesk	eth St. Ch.Ch.M
removal.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only ane couse per USED BY: (HATE CAUSE (a)	line far (o), (b), an	d ici	MEARS		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
t, cremation, or ather traumation		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	(b)	RAS A CONSEOU	FIS	TULA		1 MONTH
iar to buria iy injury, ar	NOIT	PART 2 OTHER SIGNIFICAN SIP ABDOM 190. DATE OF OPERATION	INAL AD	PETIC AND	EURY		INAL DISEASE OR CONDITION GIVE	
shows or	CERTIFICATION	10/13/82	ABT	, AONTIC		urysm	YES NO YES	
Mental Hy	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A.	M. MONTH DA M. OF INJURY	19	21f. LOCATION	ED (ENTER NATURE OF INJURY IN ITEM 18 PA	
use as the lealth and s marked	W	WHILE NOT WHILE AT WORK 27 a. I certify that (1) (1) (1)			101	STREET . 19 82	city or town	COUNTY STATE 9 that (1) re) lost
detached for a te Dept. of H		sow the deceased alive abave M (we) (did) (did 776 SIGH (PLIE	nat) view the bady	ofter death 19	82.0	PEGREE ATTENDING PHYSICIAN	death occurred on the date and hour	ond from the couses stoted 22c. DATE SIGNED
th the Sto		22d. PHYSICIAN'S NAME (TY	PEORPRINI)	M.D		12e. ADDRESS 8218		WE.

23c. NAME OF CEMETERY OR CREMATORY

20016

Parklawn Cemetery

23d LOCATION
CITY OF TOWN
Rockville

Montg'y

Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

Burial

23b. DATE

24 FUNERAL DIRECTOR Jos. Gawler's Sons, Inc. 5130 Wisc. Av N W Wash.

Nov. 18, 82

Graf ru -i energy removates and a second (appear) .t. italian like a second transfer to the contract of mint of the control o destruction J. Branch gos . N. W. II Sey-77-1076 awar w. Lake 12fe 17fe 3 lanth ht. Ch. Ch. M.

page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	4 2
S	1
,	(E) Table

9

1	FOR STATE REGISTRAR			DEPART		EALTH AND MEN			G. NO.	2 9	0 4	
	CEASED NAME	FIRST	M	IDDLE	L	AST	2	DATE OF DEAT	H MONTH	DAY Y	EAR 2b. HC	DURIO
(114)	(FRT	PUDE	Н		LANI	HAM		9	11	5 1	32 2-	44.
SE	×	4.1	RACE	10	5. DATE C	OF BIRTH	6	AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1		ER 24 HRS
	F		Whi	1	MONTH	17 8	YEAR 8	94	YRS	5,	DAYS HOURS	MIN.
	COUNTRY) Va	FOREIGN 7b.	CITIZEN OF W	VHAT COUNTRY?		D NEVER MARI	RIED 🗔	Man Man	Y OR COUN	TY OF DEA	тн	MD.
5		ring	HOLV C	FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUT	ION II	26 USUAL OCCU TYPE OF WORK FOR MI	PATIC DST OF WORKING	GLIFE) INDU	IND OF BUSII	
85U 13a.	STATE MD	13b COUNTY	THE INSTITUTION OF	130 CITY OR TOW	E ADMISSION)	13d. INSIDE CITY L	IMITS?	STREET ADDRE	Scen	ord	2000	00000
4. F.	ATHER'S NAME	MIDI	Dis	LAST		15. MOTHER'S MA						20902
	George	LI	DIE	Davi		FIRST		MIDO			LAST	
	WAS DECEASED EVER			166 SOCIAL SECT		17 INFORMANT	y	Ja	DRESS	Ster	7ens	
(no or unknown)	(IF YES, GIVE W		220-6	4-05	P3 Aubr	ey Lar	nham-son	-(same	as 13	Be)	
	18 CAUSE OF DEAT PART I. DEATH V	H (Enter only o	one couse per l	ine for (a), (b) an	dica	10 60	1.0	one		BET	PPROXIMATE IN	TERVAL UD DEATH
	Conditions, if ony gave rise to im- couse (a), statii underlying cause	mediate ng the last	DUE TO, OR	AS A CONSEQUI	ENCE OF							
NO	PART 2 OTHER SIG	NIFICANT CON	NDITIONS CO	ntributing to i	DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE OR C	ONDITION (GIVEN IN PA	RT 1 o	
CERTIFICATION	19a. DATE OF OPERA	TION	196 CONDIT	ION FOR WHICH	or which operation was performed			200 AUTOPSY?	IN CER		INDINGS US USES OF DEA	ATH?
	21g. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH	21b. TIME OF HOUR A.M P.M	MONTH D	AY YEAR	21c. HOW INJURY	Y OCCURRED	(ENTER NATURE OF	INJURY IN ITEM 1	8 PART 1 OR PA	RT 2)	
MEDICAL	21d INJURY OCCUR WHILE NOT WE AT WORK	HILE [21e PLACE O	F INJURY ET, FACTORY OFFICE F	ARM ETC)	211 LOCATION STREET		CITY C	OR TOWN	COUN	TY	STATE
	220.1 certify that (1)		attended the		62	111 3	002	, ta	11/5	. 19	that (I)	(we) lost
	saw the deceas above, (I) (v/e) (ed glive an Addid (did not vi	ew the bady	ffer death.	, 011		pinion dec	oth accurred an th	e date and h	aur and from	n the couses	stated
	abave, (I) (v/e) (i) 22b. SIGNATURE	Rall	ele		, 011	DEGREE ATTEM	NDING /		STAFF		DATE SIGNE	
	abave, (1) (v/e) (did (did no) vi	ele	ffer death.	, 011	DEGREE	NDING DESICIAN DES	MEDICAL :	STAFF YSICIAN D			

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

retained by the haspital or attending physician

TO FUNERAL DIRECTOR: after this certificate has been signed by the attending physician and campletely filled in by the Wishauld be detached for use as the build-transit permit. Then please remove carbanpopers. Pages 1 and 2 shauld be filed with

injury, ar ather traumatic

18 shows ony

IMPORTANT: If Item 21 is marked or Item

(SPECIFY)

shauld be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial. cremation, ar removal.

Hines/Rinaldi Funeral Home

11-8-1982

11800 N.H. Ave., S.S. Md. 20904

Pr. Georges Md. Brentwood
D. By REGISTRAR 25 Fort Lincoln Cemetery ISTRAR 256-REGISTRAR'S SIGNATURE

The Committee of the co the reason of the second secon THE THINK I WHITE I WE SELECTED OF THE SECURE OF THE SECURE Cacron at the contract of the care of the

STATE OF MARYLAND

1	FOR - STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	2	9 6	98	
	CEASED NAME	FIRST		MIDDLE	l	AST	2a. DATE OF DEATH	MONIH DAY	YEAR	26 HOUR	
	Sam	ue1		W.	L	ank	November 1	6, 198	2	9:00 A _M	
3. SE	×		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIE		UNDER I YEAR		
	Male	THPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?		sian	June	3, 1913 YEAR	69				
7a B	IRTHPLACE (STATE OR F			8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY O	FDEATH			
D	elaware			States	WIDOWE		Montgomer	y Coun	ty.	MD.	
	ITY OR TOWN OF DEA Bethesda	тн	11. NAME OF I	HOSPITAL, NURSIN H FACILITY, GIVE STREET A Dan Hospi	G HOME C LDDRESS) tal	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Architect	F WORKING LIFE)	12b. KIND C INDUSTRY U.S.	Navy	
Ma.	ryland	136 COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Bethesda		13d, INSIDE CITY LIMITS? YES X NO []	13e STREET ADDRESS 9712 Parkw	ood Dr		20814	
14 F)	Rutherford	1	B.	Lank		15. MOTHER'S MAIDEN NAM	WEDDIE		Hanby	ST /	
	WAS DECEASED EVER		MED FORCES?	16b SOCIAL SECU		17 INFORMANT	ADDR	SS			
	NO OR UNKNOWN)			577-48-3	940	Ethel R. Lan	k (wife) sa	me as	13e		
	PART I. DEATH W. HOO Conditions, if ony, gove rise to imm couse (o), stating underlying couse	AS CAUSE IMMEDIAT which nediote g the	D BY: E CAUSE (o) C DUE TO, O (b)	Ine for (a), (b), and Coronary T P AS A CONSEQUE R AS A CONSEQUE	Thromb ease	oosis			30	waste insterval Onser and peath Minutes Cears	
NOI	PART 2 OTHER SIGN	IIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	inal disease or con	DITION GIVEN	IN PART 1	0	
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES, V IN CERTIFY IN YES	VERE FINDI	NGS USED S OF DEATH?	
CAL CE	210, ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEA	111	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)		
MEDICAL	214 INJURY OCCURR	LE 🗍	21e. PLACE (OF INJURY EET, FACTORY OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR TO		COUNTY	STATE	
	22a.1 certify that (1) sow the decease above, (1) (we) (d	this hospit d olive on idential not	view-the-body	olter death	Janua 32	d that in (my) (our) opinion of	to Novembe	. 19		that (It (we) lost couses stated	
	22b. SICOLATURE	20	1)		W	ATTENDING	MEDICAL STA	FF	22c. DATE	SIGNED	

should be detached for use as the burral-transit permit. Then please remo with the State Dept. of Health and Mental Hygiene prior to burial, cremati TO FUNERAL DIRECTOR: After this certificate has been BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

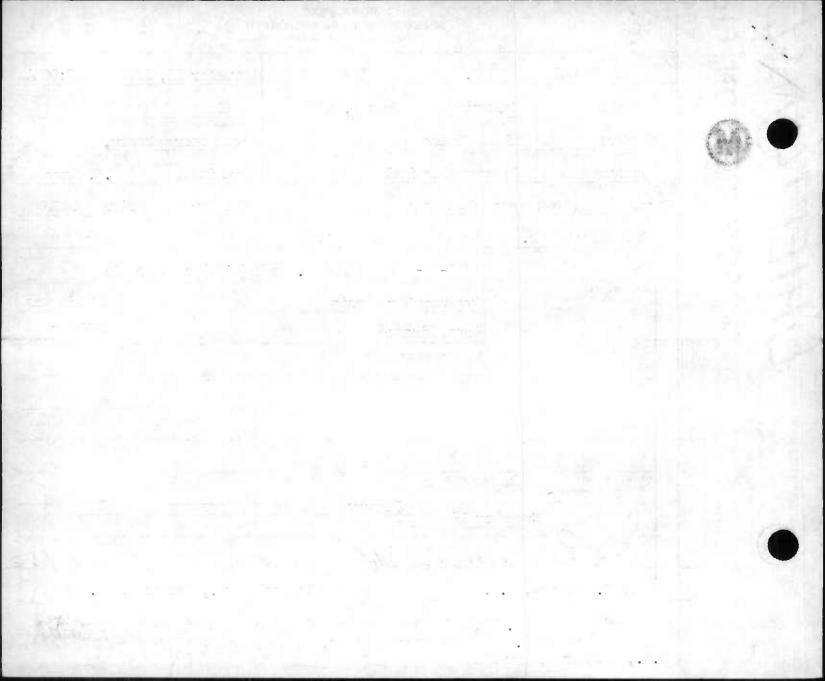
MPORTANT: If Item 21 is morked or Item 18 sh

230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial

Leo I. Donovan, M.D.

8218 Wisconsin Ave., Bethesda, Md. 20814

Parklawn Memorial Park Rockville Funeral Homes, 250 Date Rec D Ry 1982 Park Nov. 20,1982 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, Bethesda, Maryland



	11	-	
+	-	1	
6%	0		

STATE OF MARYLAND FOR

STATE OF MARIEMED	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1
CERTIFICATE OF DEATH	,

- 3	2	0	60	0	- (3
Ca	bus	7	0	1	1

1	- STATE REGISTRAR				DEI ARIM		ICATE OF DEATH	n i Oitat	O 4 REG.	NO.	. 7	0	1	7
	CEASED NAME	FIRSTAile	en: ^	AIDDLE	L	Į.	AST Larson	20 DA	TE OF DEATH	MONTH	DAY	YE AR	2b. HOU	R
	Δ	1/cen		L.		LX	HRSON			11	11	82	7	PM
3 SE	X	4. F	RACE			5 DATE C		6 AGE	(IN YEARS LAST	BIRTHDAY)		ERIYEAR	IF UNDER	
	Female		White			Marc	h 12, 1919	6	3	YRS	MONTHS	DAYS	HOURS	MIN.
	IRTHPLACE (STATE OF F	OREIGN 76.	CITIZEN OF V	VHAT C	OUNTRY?	8	NEVER MARRIED	9 BAL	TIMORE CITY			EATH		
	Iowa		U.S.A.			WIDOWE	3.0	7	(1	long	one	RY		MD.
10 C	Bethesd	(TH 11.	NAME OF H	FACULITY,	L, NURSING	HOME C	HOLD TA	(TYPE C	SUAL OCCUPA DE WORK FOR MOS Homemak	TOF WORKING		KIND O DUSTRY Hom	F BUSINE	
130	AL RESIDENCE (IF NURS STATE Maryland	ING HOME OR OTH 136 COUNTY Montgo		GIVE RESID			13d. INSIDE CITY LIMITS YES NO	? 13e ST	reet addres 9216 Bu	c	Tre			0817
14 F.	Charles	H.	DLE	Um	bargei	r	Jessie		MPDLE			Luc	as	
	MAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMEE			-07-97		James K. M	urphy		ye St	., N.	WW	ash.	,D.C
	PART I. DEATH W HOD Conditions, if ony, gove rise to imm couse (a), stofin underlying couse	AS CAUSED B' IMMEDIATE C which nediate g the	Y	AS A C	Cara	leore NCE OF	espiratory t myocar	gire	infori	itim		BĘTWEĘN	mate inter onset and	ÓÈÀIH
CERTIFICATION	PART 2 OTHER SIGN						NOT RELATED TO THE TE		AUTOPSY?	20b. IF	YES, WERI	E FINDIN	IGS USED) H?
	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	21b. TIME OF HOUR A.A P.A	M. MONTH DAY YEAR		21c. HOW INJURY OCC	YES		JURY IN ITEM I	YES D	PART 2)	NO [
MEDICAL	21d. INJURY OCCURR WHILE AT WORK NOT WH AT WORK	ILE 🗆	21e, PLACE C			RM ETC)	21f. LOCATION STREET		CITY OR	TOWN	co	YTAU	51	TATE
	220.1 certify that (1) saw the decease above, (1) (we) He	d alive an	11-	11	198		d that in (my) (aur) apini	to death a	courred on the	date and h	. 19	rom the	that (I) (v	ve) last
	226. SIGNATURE	ol L	Bon	,		E	DEGREE ATTENDING PHYSICIAN	G MED	ICAL ST	AFF ICIAN []	22	//-//		-
	22d PHYSICIAN'S NA	ME (TYPE OR PRI	NTI				22e ADDRESS							
	Caro	1 L. Be	ender,	M.D	•		11510 Old	Georg	etown I	Rd.,Ro	ckvi	lle,	Md.	

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN. The fow retained by the haspital or attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carbonappers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumatic event, the medical

236 BURIAL, CREMATION, REMOVAL Cremation

230. NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory

Cremation 11/13/82 Cedar Hi

14 FUNERAL DIRECTOR Jos. Gawler's Sons, Inc.
5130 Wisconsin Avenue, N.W.-Wash.,D.C.

Pad. LOCATION
CITY OF TOWN
Suitland, Maryland
REC'D. BY REGISTRAR 255, REGISTRAR'S SIGNATURE

The state of the s ¥ O. O. . And the Control of the Con the section of the second of t the contract of the contract o in by

rs. Pages 1 and 2 should be fil completely filled

or removal

other tro 0

or Item 18 sho

MPORTANT: If Hem 21 is

ja

should be detached with the State Dept

MEDICAL

offending

paudis a

certificate has been and Mental Hygiene prior

attending physician

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

NOT WHILE

STATE OF MARYLAND

ADDRESS

NO [

STATE

FOR STATE REGISTRAR			DEPARTM		CATE OF D		SIENE &	3 2 REG. NO	2.	9	0	Û
O eev	FIRST	NMI	La	WYE	nce		20 DATE C	OF DEATH		DAY YEAR	26 HOL	JR 2012
3. SEX Female		aucasi	an	5. DATE O		1861	6 AGE (IN	YEARS LAST BIR		MONTHS DAYS		MIN.
70. BIRTHPLACE (STATE OR F COUNTRY) Utah		ited S	tates	MARRIED WIDOWEI	NEVER A	AARRIED 🛣	Territoria de la constantina della constantina d	ore city o gomery	-			MD
IO. CITY OR TOWN OF DEA Rockville	(TH 11.	NAME OF H	OSPITAL, NURSING	DDRESS)	COTHER INST		LITYPE OF WO	OCCUPATION POST O		12b. KIND INDUSTRY SCho	of Busin	ESS OR
USUAL RESIDENCE (IF NURS 130 STATE Maryland	13b. COUNTY Montgo			ADMISSION)		ITY LIMITS?		Laddress H arr in	gton	Road (20852	2)
Joseph	E		awrence		15. MOTHER'S		R.	MIDDLE	Ski	dmore '	AST	

1	vas deceased ever in 0.5. Armed forces? yes, no or unknown) (If yes, Give war or dates) No	212-90-1618	Joseph E. Lawrence,	same as #1	13
	Canditians, if any, which gave rise to immediate cause Ia1, stating the underlying cause last. DUE TO, O	RAS A CONSEQUENCE OF	^		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART 2 OTHER SIGNIFICANT CONDITIONS CO		Devonday to Di		

17 INFORMANT

20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION OR WHICH OPERATION WAS PERFORMED 20a AUTOPSY?

IN CERTIFYING CAUSES OF DEATH? YES [

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER P.M.

21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

22a. I certify that (I) (this haspital) attended the deceased fram and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated saw the deceased alive an.

abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE DEGREE

ATTENDING MEDICAL Nov. 10, 1982 PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS

230. BURIAL, CREMATION, REMOVAL Burial 18,1982 23c. NAME OF CEMETERY OR CREMATORY Ogden, Weber, Washington Hgts. Mem. Park Utah

24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, PA NAME

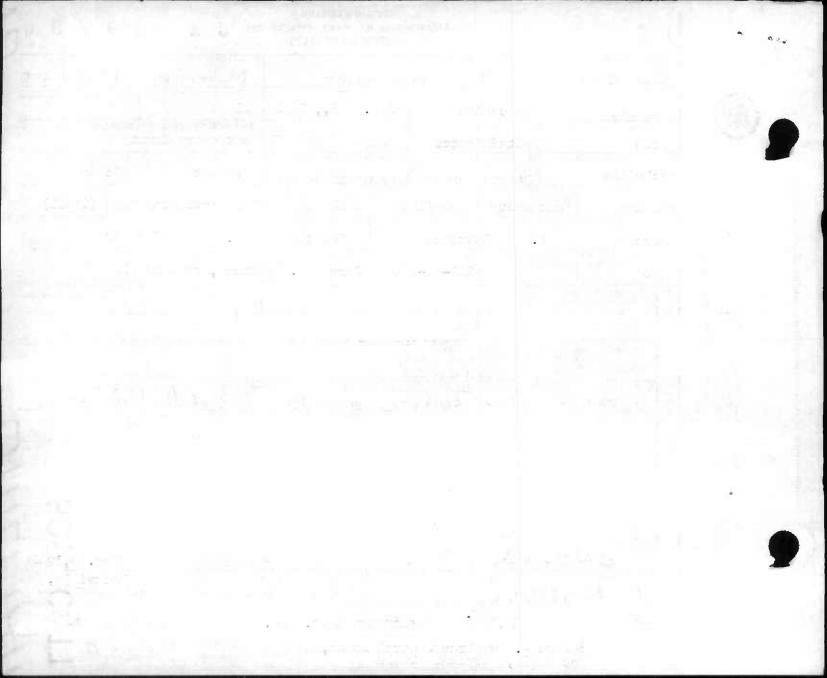
Rockville, Maryland 20850

166 SOCIAL SECURITY NO

DHMH - 16 50M 4/B2 (VRA 15, 4)

FUNERAL DIRECTOR:

0



the death certificate be executed within 24 hours other treff. Then 4 may be
the attending physican and completely the late to the page 3
remove corbon poper. Programment stranger than the first and the death
remotion, or removol

		CEASED NAME FIRST DOTOTHY	V.	Lefege	ed	Nov 6, 1982	DAY YEAR 2b H
	3 SE)	X	4 RACE	MON	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOU
	4	Female	Black	Marc	ch 6,1914	68 YRS	
35	Ta BI	IRTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	The CITIZEN OF WHAT CO	UNTRY? B MARRI WIDOW	ED NEVER MARRIED O	Bethesda, Mary	0.
10	4	ntgomery Co.			or other institution ethesda, Md.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING RETIRED FRO	12b. KIND OF BUS INDUSTRY Laundry
35	13a S	AL RESIDENCE (IFNU STATE Md.	institution, give reside	nce before admission OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 6803 Allegheny	Avenue
60		John FIRST	MIDDLE Payne	LAST	Florence	MIDDPayne	LAST
1	- 0	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN)	ARMED FORCES? IVE WAR OR DATES) Unk	IAL SECURITY NO.	Edna L. Fraiz 12912 Twin	er (Daughter Frook Pkwy Rocky	ille. Md.
		1					
, marine and marine an		Conditions, if any, which gave rise to immediate couse 101, stating the	ATE CAUSE (a) Cardi	orespira	0	Heart Failure	APPROXIMATE II BETWEEN ONSET
y, or office recent, a		PART I. DEATH WAS CAU IMMED Conditions, if ony, which gave rise to immediate couse Iol. stating the underlying cause last	SEÉ BY ATE CAUSE (a) Cardi DUE TO, OR AS A CO (b) Right DUE TO, OR AS A CO	orespira	ular Arythiona hyp <mark>x</mark> ia	Heart Failure	
To only or office from one event, in	IFICATION	PART I. DEATH WAS CAU IMMED Conditions, if ony, which gave rise to immediate couse Iol. stating the underlying cause last	DUE TO, OR AS A CO (c) T CONDITIONS CONTRIBUT	Orespira	ular Arythiona hyp <mark>x</mark> ia	20a AUTOPSY? 20b. IF IN CER	GIVEN IN PART 1(0) YES, WERE FINDINGS U TIFYING CAUSES OF D
Solution in the state of the st	CERTIFIC	PART I. DEATH WAS CAU IMMED Conditions, if ony, which gave rise to immediate couse lol, stating the underlying cause last PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CO (c) T CONDITIONS CONTRIBUT 196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON	Orespira	hypxia TNOT RELATED TO THE TERM ON WAS PERFORMED 1716 HOW INJURY OCCUR	200 AUTOPSY? 206 IF VINCER	GIVEN IN PART 1(0) YES, WERE FINDINGS L TIFYING CAUSES OF D YES NO
The of the state o	MEDICAL CERTIFICATION	PART I. DEATH WAS CAU IMMED Conditions, if ony, which gove rise to immediate couse 101. stating the underlying cause last PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	DUE TO, OR AS A CO T CONDITIONS CONTRIBUT 196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON	ORESPITATION ONSEQUENCE OF VENTTICE ONSEQUENCE OF ONSEQUEN	hypxia TNOT RELATED TO THE TERM ON WAS PERFORMED 1716 HOW INJURY OCCUR	20a AUTOPSY? YES NO 2	GIVEN IN PART 1(0) YES, WERE FINDINGS L TIFYING CAUSES OF D YES NO
1.21 is morked or frem 10 slows any injury, or other froundric event, in		PART I. DEATH WAS CAU IMMED A Conditions, if ony, which gove rise to immediate couse iol. stating the underlying cause last PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (FEITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHIE NOT WHIE AT WORK 22c. I certify that (I) (this has sow the deceased alive.	DUE TO, OR AS A CO Right DUE TO, OR AS A CO Right DUE TO, OR AS A CO (c) T CONDITIONS CONTRIBUT 196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON ER! 216. PLACE OF INJURY (AT HOME, STREET, FACTOR	ORESPITATION ONSEQUENCE OF VENTURE ONSEQUENCE OF ING TO DEATH BU R WHICH OPERATION ON THE DAY YEAR 19 Y Y Y OFFICE, FARM, ETC.)	hypxia T NOT RELATED TO THE TERM ON WAS PERFORMED 211 LOCATION STREET	200 AUTOPSY? 200 IF IN CER YES NO NOTE IN THE TERM THE TERM TO THE TERM THE THE TERM THE THE TERM THE	GIVEN IN PART 1(0) YES, WERE FINDINGS L TIFYING CAUSES OF D YES NO 8, PART 1 OR PART 2) COUNTY , 19
in them 21 is morked or frem in		PART I. DEATH WAS CAU IMMED Conditions, if ony, which gove rise to immediate couse 101. stating the underlying cause last PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHIE NOT WHIE AT WORK 22a. I certify that (I) (this had some the deceased alive obove, (I) (we) (did) (did 22b. SIGNATURE	DUE TO, OR AS A CO (c) T CONDITIONS CONTRIBUT 196 CONDITION FOR 196 CONDITION FOR 196 CONDITION FOR 196 CONDITION FOR 198 CONDITION FOR 199 CONDITION FOR 19	ORESPITATION ONSEQUENCE OF VENTURE ONSEQUENCE OF ING TO DEATH BU R WHICH OPERATION ON THE DAY YEAR 19 Y Y Y OFFICE, FARM, ETC.)	hypxia TNOT RELATED TO THE TERM ON WAS PERFORMED 211 LOCATION STREET . 19 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO NOTE: BED (ENTER NATURE OF INJURY IN ITEM 1) CITY OR TOWN	GIVEN IN PART 1(0) YES, WERE FINDINGS L TIFYING CAUSES OF D YES NO 8, PART 1 OR PART 2) COUNTY , 19
MCKLAN: II IIEII 21 IS MOTRED OF IIEII O STONS ONY IIIJOTY, OF OTHER FROM OFFICE EVENT, II		PART I. DEATH WAS CAU IMMED 42 80 Conditions, if ony, which gove rise to immediate couse 101. stating the underlying cause last PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (this hos saw the deceased olive obove, (1) (we) (did) (did	DUE TO, OR AS A CO (c) T CONDITIONS CONTRIBUT 196 CONDITION FOR 196 CONDITION FOR 196 CONDITION FOR 196 CONDITION FOR 198 CONDITION FOR 199 CONDITION FOR 19	ORESPITATION INSEQUENCE OF INSEQUENCE OF ING TO DEATH BU R WHICH OPERATION INTH DAY YEAR 19 Y, OFFICE, FARM, ETC.) d from 19 h.	hypxia TNOT RELATED TO THE TERM ON WAS PERFORMED 211 LOCATION STREET 19 and that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO NINCER PED (ENTER NATURE OF INJURY IN ITEM 1 CITY OR TOWN death accurred on the date and h	GIVEN IN PART 1(0) YES, WERE FINDINGS L TIFYING CAUSES OF D YES NC B. PART 1 OR PART 2) COUNTY COUNTY 19 2 That (pour and from the couse

DHMH - 16 60M 1/75

TO HOSPITAL OR

ATTENDING PHYSICIAN: The low

etoined by the hospital or attending physician

(VR A 15 (4))

14 1 MOV 5, IRBE 0910 41 part of thems: o.Some i profession, steelstel en rect 1576 1 0 tedne . steizet . anha Link 12912 origination's New York link, its. C Cartharessinator Arrest Fig. t visitionles mythions about millions

Sitovi

undiano tongoni Afferdan crebina Ekilliji imiest

common a Jonlins suneral one inc. Ho aemock &

6	FOR 1 - STATE REGISTRAR
	1 DECEMEND MANAGE

may be

within 24 hours ofter

executed

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physicion. and campletely filled in by ages I and 2 shauld be file

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cashould be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

nedical exam

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	2	2	9	1	0	2
		6.44			-	

1. DECI			CEKITE	CATE OF DEATH	REG. N	0.		
(TABE C	EASED NAME FIRST	WIDDLE	U	AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
	Dorothy	J.	Lefev	er	November 6	5, 198	2	10:55
3. SEX	4	RACE	5. DATE O		6. AGE IN YEARS LAST BIR	THOAY)	MONTHS DAYS	IF UNDER 24 HI
	Female	White	July	6, 1955 YEAR	27	YRS.	MOINING DATA	HOURS M
	ITHPLACE (STATE OR FOREIGN 71 OUNTRY)	USA.	? 8. MARRIEI WIDOWE	NEVER MARRIED DO DIVORCED	9. BALTIMORE CITY O Montgomer	R COUNTY Y Cou	of DEATH	
B∈	ethesda	1. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Clinical Cente	er, Bet	NTH	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST OF	F WORKING LI		S Cov
enr	nsylvania Z	Y 13c. CITY OR TO	WN	13d. INSIDE CITY LIMITS? YES NO	Route 4, E	30x 43	5 17	566
14. FAT	George 1	H. Heuse		15. MOTHER'S MAIDEN NAM	E.		Stree	ter
16a W.		MED FORCES? 16b. SOCIAL SEC WAR OR DATES) 167-48-		Mr. David Le	efever, hush			
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line for (a), (b), a	and (c).)				BETWEEN	ONSET AND DEAT
	1173 IMMEDIATE		atory a	arrest			. 3	Min
1	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (b) Pulmona Due To, OR AS A CONSEQUENCE (c)	ary asp	pergillosis ceast Carcino	ma		1	week
NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	Humi		200 AUTOPSY? YES NO M	20b. IF YE:	S, WERE FINDI	NGS USED.
	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH I	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 1	PART I OR PART 2)	EL Sylv
ME	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		21f. LOCATION STREET	CITY OR TO	wи	COUNTY	STATE
	220.1 certify that (i) (this haspite saw the deceased alive an above, 26 (we) (did) (di26261)	November 6 19		DEGREE			ond from the	SIGNED
	226. SIGNATURE COLORS 224. PHYSICIAN'S NAME (TYPE OR	or f. Ime	. 1	ATTENDING PHYSICIAN [220 ADDRESS Nation	MEDICAL STA	IANIS	111	6/82

NOV

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

to a comment	engel de la company de la comp
	The state of the s
(2170e) - 77 - 112 do	
100 class	. 1. 15 B. 15 (200) 10 Castes 1
PARCE TO THE STATE OF THE	The many of the black of the second
La reflect	The same of the sa
toplets as president, second	Dat Sized vs Tile-theft
See	To the second of
- 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	
H tolken to read at the	

BP.

DHMH-16 50M 1/81 (VRA 15, 4)

1-	FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND CERTIFICATE OF		REG. NO.	6 4 1	0 ,
	ORPRINT) JORO	thy CISSE	Lehmk		overber	23, 1982	45A
3. SEX	FEMALE	4 RACE WHITE	5. DATE OF BIRTH	YEAR 6 AC	GE (IN YEARS LAST BIRTHDAY) 76 YE	MONTHS DAYS	FUNDER 24 H
MAI	RTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER	MARRIED	MONT60	MY OF DEATH	sunt
Si	IVER SPHA	11. NAME OF HOSPITAL, NUR (IF IGT INSUCH FACION, GIVE STR FID 14 (IO-S)	baspi ta		USUAL OCCUPATION E OF WORK FOR MOST OF WORKIN SECRETARY	NG LIFE) 126 KIND OF E INDUSTRY REAL	
130. S		TTY 13c CITY OR TO	SPRING YES X	NO 🗌	STREET ADDRESS 2103 BELVE	DERE BLVD.	209
	TRUMAN	CISSE	HE	PRIST LEN		WCETT	
	/AS DECEASED EVER IN U.S. AR/ es no or unknown) (1F yes, Givi NO) 18 CAUSE OF DEATH (Enter on)	E WAR OR DATES) 578-2	20-0240 CATH	DAUGI		3804 CONGR VILLE, MD.	2083
	Conditions, if ony, which gove rise to immediate couse tol, stating the underlying couse lost.	DUE TO, OR AS A CONSECTION OF AS	DUENCE OF	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	9,700	0.70	JUK.
CERTIFICATION	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING T		ORMED 20	le AUTOPSY? 20b IF	YES, WERE FINDING RTIFYING CAUSES OF	S USED F DEATH?
CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA) P.M.	19		ENTER NATURE OF INJURY IN ITEM	1B PART 1 OR PART 2)	
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	2)e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	ION IT	CITY OR TOWN	COUNTY	STATE
	22a. I certify that (1) (the hospital saw the deceased alive an above, (1) (we) (distributed and	and ottended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	21	(our) opinion death	occurred on the date and		uses stated
1	22b. SIGNATURAL DE	Ilfox V	MY DEGREE	ATTENDING ME PHYSICIAN DIRI	DICAL STAFF	2300 ATE SK	V8:
	WALTER E	- GOOZH	MD 2309	SHOREFI	ELD RD U	UHEATON	MI
(5	URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	11/26/82	ST. MARK'S	CHURCH 1			MD. STAT
24 FU	NERAL DIRECTOF FRANCIS	7 00117110		DATE DEC	D. BY REGISTRAR 256 REC		

STATE OF MARYLAND

And the second s THEORIGING HE INFRIGGTION THOURS 10 13 NOV 52 OF

個/		BEXE	axa s	Lei	zear	
	3. SE	X	4. RACE	5. DATE C		6 A
3	8	Male	White	MONTH	7 18 ^t	
39.7	Tn. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	VTRY? 8.	D NEVER MARRIE	9 B
25		Maryland	U.S. A	WIDOWE		
2		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	IURSING HOME C		
0	W	heaton			rsing Hor	ne (TYP
13	USU	IAL RESIDENCE (IF NURSING HOME C STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)	13d. INSIDE CITY LIM	
Ė			gomery Sil.		YES X NO	1
7	14 F.	ATHER'S NAME			15. MOTHER'S MAID!	NAME
10	1	Samuel J.	Leize		Sarah	
	16a \	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	L SECURITY NO.		5213
			WW I 220-	44-429		liam
		18 CAUSE OF DEATH (Enter I	nly one couse per line for (o),			
		PART I. DEATH WAS CAUS	EĎ BY.		nility	
		7 Cann IMMEDIA	TE CAUSE (o)	56	HALLEY	
		Cardina in the	DUE TO, OR AS A CON	SEQUENCE OF		
		Conditions, if any, which gove rise to immediate	(b)			
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF		
			(c)			
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE	TERMINAL
0	CERTIFICATION	19g DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20
9	H					
5	ER.	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY O	CCURRED (
1		OR CONTRIBUTING CAUSE OF DE				,
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19	21f LOCATION	
	ME	WHILE NOT WHILE	(AT HOME, STREET FACTORY O	OFFICE FARM ETC)	STREET	
		AT WORK			1	7 -
		22a.1 certify that (I) (this hosp				75
			n Nov 2 ot) view the body after death.	_19 <u>8Z_</u> , or	nd that in (my) (aur) of	oinion death
		226 SIGNATURE	000		ATTENIO	INIC ALE
		M	u Gel	n M	ATTEND PHYSIC	
1		274 PHO SICIAN S NAME (TYPE	OR PRINT)		22e ADDRESS	
		fra Tublin.	M. D.		8830 Ca	meron
	22	BLIDTAL COTALATION DEMONA	201 5 4 75	100 111115 05 0		Loc

E. Pumphrey, Inc. Sil

23a. BURIAL, CREMATION, REMOVAL

Burial

FOR

REGISTRAR

DECEASED NAME

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Box 7428

Md

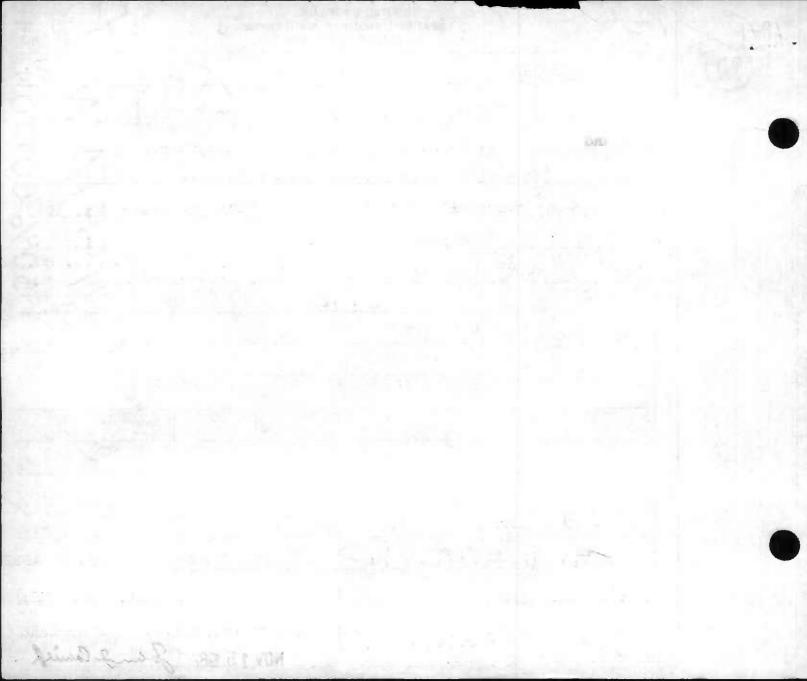
LAST

MIDDLE

20. DATE OF DEATH MONTH 11 19827 GE (IN YEARS LAST BIRTHDAY) ALTIMORE CITY OR COUNTY OF DEATH Montgomery 126 KIND OF BUSINESS OR PE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Retired Account STREET ADDRESS 5213 Aylesbury St. 20904 MIDDLE Sullivan Aylesbury St. S.S. Md. H. Midgette 4 Yrs DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | ENTER NATURE OF INJURY IN ITEM TS PART I OR PART 2) COUNTY CITY OR TOWN STATE 19_82_, that (I) (we) lost NOV occurred on the date and hour and from the causes stated 22c. DATE SIGNED DICAL STAFF Nov. 11,1982 ECTOR PHYSICIAN 8830 Cameron Street 23c. NAME OF CEMETERY OR CREMATORY Parklawn Cemetery Rockvill

REG. NO

DHMH - 16 50M 1/B1 (VRA 15, 4)



may	
Poge 4	
death.	
offer	
1 hours	
2	
within 2	
executed	
pe	
ificate	
cert	
deoth	
the	
tho	
v requires that the death	
No.	
The	CION
Ä	phys
SIC	6u
PH	end
TO HOSPITAL OR ATTENDING PHYSICIAN	0
Q	0
TE	oito
×	os
0	e P
AL	÷
E	by
Se	retoined by
Ĭ	Din
0	ret

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or them 18 shows ony injury, or other troumatic event, the medical exam

page 3

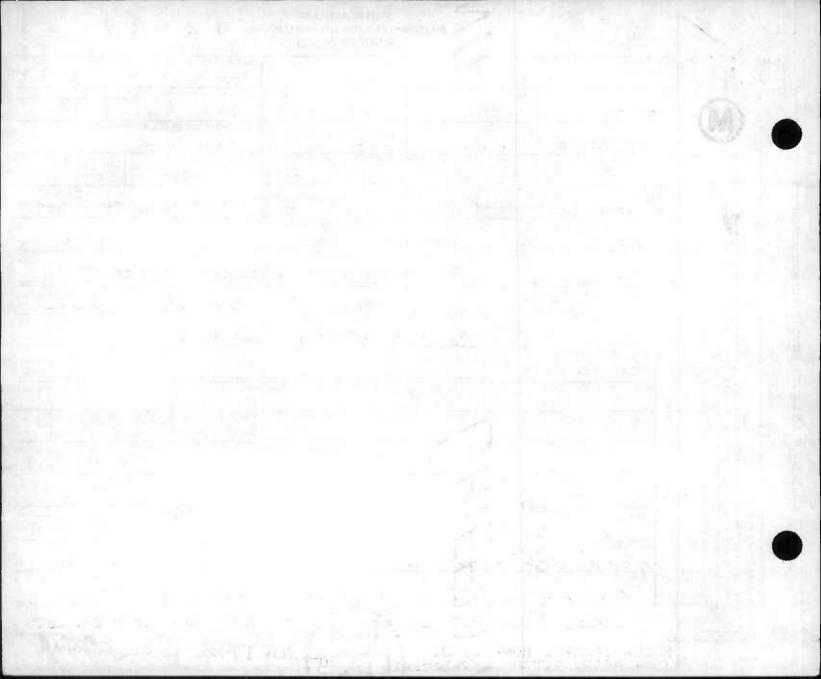
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	2	2	9	1	0	And Mark
-		2.04				

1-	FOR STATE REGISTRAR			FICATE OF DEATH	GIENE 8 2	2. 9) /	U 5
	CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 2b. H	HOUR
TYPE	OR PRINT)	elina	Lei	pore	November	13,198	12	:26PM
3. SE.		4. RACE	5. DATE O	OF BIRTH	6 AGE LIN YEARS LAST BIR	THDAY) IF UND	ER I YEAR IF UP	NDER 24 HRS
	Female	White	Feb	. 25, 1902	80	YRS.	DAYS HOU	JRS MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF D	EATH	
	ennsylvania	U.S.A.	WIDOWI		Montgo	merv		MD.
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 12b	KIND OF BUS	SINESSOR
	Olney	Montgome	ery Gener	al Hospita	ITOMOGRAPIA		Vone	
13a. S	al residence (if nursing home state 13b co aryland Mon	UNTY 13c. CIT	pence before admission y or town lney	13d. INSIDE CITY LIMITS? YES NO 🛣	13e. STREET ADDRESS 3421 Sur	ndown F	208 arms V	832 Way
14. F/	Frank	D. Mi	rabella	15. MOTHER'S MAIDEN NA	MIDDLE		Petta	
	WAS DECEASED EVER IN U.S.	ARMED FORCEST 144 50	CIAL SECURITY NO.	17. INFORMANT	ADDRE	SS		
-	YES, NO OR UNKNOWN) (IF YES,	22	0-58-504	Betty J.	Pizzino s	same as	#13	
NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last.	DUE TO, OR AS AYO	CONSEQUENCE OF	action of the Terr	MINAL DISEASE OR CON	DITION GIVEN IN	PART 1(o)	
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF D	
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)	P.M. 210. PLACE OF INJU	ONTH DAY YEAR	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	- 4	RPART 2)	STATE
Z	AT WORK NOT WHILE	(S. FOME, STREET, FACT	one, orrece, rann, ere					
	22b. SIGNATURE	on	19		deoth occurred on the de	FF21		
	R. ChAND	COMPRINT)	NO	16620 Ga	Ave S	5 07	1	
	BURIAL, CREMATION, REMOV (SPECIFY) Burial	23b. DATE 11/16/82		CEMETERY OR CREMATORY Y Cemetery	A1 TOOM	-	-	Pa ^{STATE}
FI	uneral director LECK FUNERAL 601 Sandy S	L HOME, IN	Copress Laurol	Na 2070 NO	TEREC'D BY REGISTRAN	26 REGISTRAR'S	IG TIVRE	4

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP



				2
1	N.	No.	1	C. W.
NO.	100	Bear !	P	
equires that the debth certificate be executed within 74 hours after debth. Page 4 may be	n signed by the ottending physician and campletely filled in by the funeral directar, may	Then please remave carbanpapers. Pages 1 and 2 shauld be filed within 72 hours after writing		
deofn.	uneral	hin 72 hi		injury, ar other traumatic event, the medical examinerarist be nothing and
Sarrer	by the f	led with		palified
4 hour	led in b	ild be fi		fust be
Z LIGHTI A	etely fil	2 shou		mineug
cored	campl	es l'and		col exa
De ex	ion and	rs. Page		ne medi
TITICOTE	physic	adodu	emaval.	event, th
apth cer	tending	e carba	an. or re	umatic e
The de	the of	remov	rematic	her trai
res ruo	ned by	n please	r to burial, cremation, or remaval.	y, or of
200	n Sig	The	a.	injur

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

410		
8	2	
	die	6
	014 020	

29/00

1 .	REGISTRAR				CERTIF	ICATE OF DEATH	RE	G. NO.	e e			
	CEASED NAME	FIRST	_	MIDDLE		FILEN	2s. DATE OF DEA	TH MONTH			26. HOUR	
. SE	×	1	. RACE		5. DATE C		6. AGE (IN YEARS LA	AST BIRTHDAY)	IF UNDER	1 YEAR	IF UNDER 2	
F	EMALE		WHITE		APRI		84	YRS.	MONTHS	DAYS	HOURS	MIN.
	RTHPLACE (STATE OR I	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8. MARRIE		9 BALTIMORE CI	TY OR COUNT	Y OF DEA	тн		
	shington.	D.C.	U.S./	Α.	WIDOWE		MONTGOME	RY				MD.
	evy Chase	ATH 1	(IE NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET Chase Nur	ADDRESS)	Home	120. USUAL OCCU	AOST OF WORKING			BUSINE	SSOR
D 130	AL RESIDENCE (IF NURS STATE . C.	13b COUNT	OTHER INSTITUTION,	WASHINGT		13d. INSIDE CITY LIMITS?	130. STREET ADDR 4518 Fox		ip: 20 rescei			
	THER'S NAME	M	IDDLE	Yudelevit		15. MOTHER'S MAIDEN NA/	ME		Baeı			
	VAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU		17. INFORMANT			: 208			
	NO OF UNKNOWN)			215-48-6	071	Lawrence Lev	in;3220 L	eland S			Cha	
CERTIFICATION	Canditians, if any, gave rise to imm cause (a), stotim underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA*	nediate ag the last.	DUE TO, OI	EN510	26 V	NOT RELATED TO THE TERM	PRIOSO INAL DISEASE OR O 200 AUTOPSY? YES IN NO	20b. IF YE	IVEN IN PA	FINDING	GS USED DF DEATH NO	5
MEDICAL CERT	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOT IFF MEDIA 21d. INJURY OCCURR WHILE NOT WH	CAUSE OF DEATH CALEKAMINER)	P.I 21e. PLACE	M. MONTH DA M.	19	216. HOW INJURY OCCURR	RED (ENTER NATURE)					ATE
	228.1 certify that (I) saw the decease above (I) (we)/c 228. SIGNATURE	(this haspitaled alive on did) (did nat	view the body	e deceased from	8	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	/	STAFF				
30. E	Burial, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION	WN	COUNTY		51.	
	Dui id i		11/4/8	DZ B'	NAI I	SRAFI CEMETERY	V INYON LIT	II. D.C	. MI	TAAT	VMD	Ar.

DHMH - 16 50M 4/B2

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carban-pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal

MPORTANT: If them 21 is marked ar them 18 shaws any

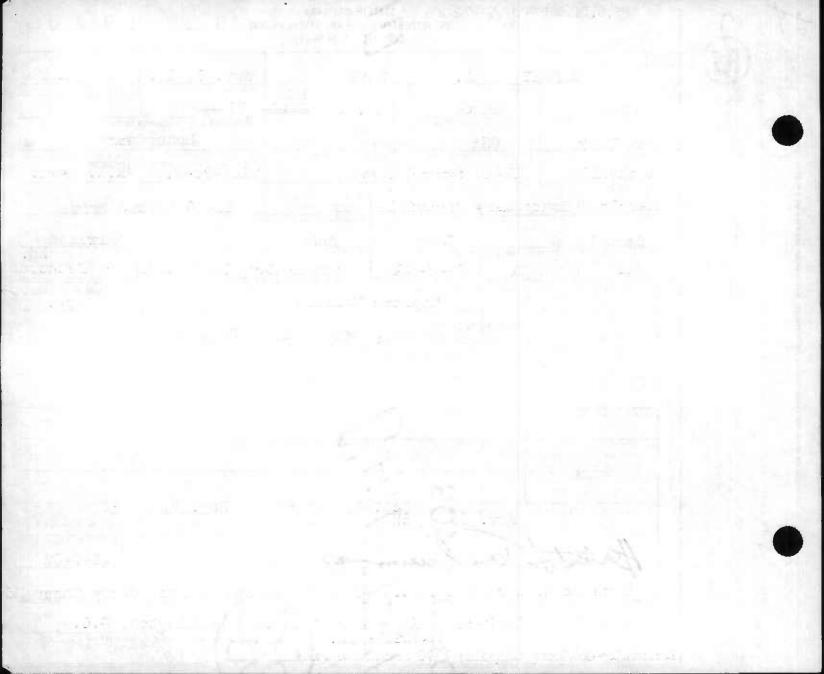
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificat retained by the haspital or attending physician.

(VRA 15, 4)

P. C. MARYLAND REGISTRAR'S SIGNAL 11/4/82 B'NAI ISRAEL CEMETERY OXON HILL
24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPLES 250. DATE REC'D. BY REGISTARE
1170 Rockville Pike; Rockville, Maryland 20852 NOV 8

And the last manifest the second seco

H9.494 1		REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFICATE OF DEATH	REG. NO.	ONTH DAY YEAR	126. HOUR
GVI		ORPRINT) SIDI	JEY A	LEVY		1982	11:10a
off.	3. SE	(4. RACE	5. DATE OF BIRTH 1908	6. AGE (IN YEARS LAST BIRTHO		7.1
direct ours	7a Bi	Male	White	Dec. 19, 1918	73 63-	YRS.	
in 72 h		New York	USA	MARRIED WEVER MARRIED WIDOWED DIVORCED		ntgomery	MD.
by the fu		TY OR TOWN OF DEATH Rockville		NG HOME OR OTHER INSTITUTION ADDRESS) d Drive	USUAL OCCUPATION OT VICE-Pres	N 12h KIND	of Business or Mgmt.
filled in	130. S	AL RESIDENCE (IF NURSING HOME ITATE 13b. COL Maryland Mor	or other institution give residence before JISC. CITY OR TOVINTY ROCKV	I 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Strand Dr	ive
mpletely ond 2 sh	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA/		LA	ST
0 -	16a V	Samue 1 VAS DECEASED EVER IN U.S. A	Levy		ADDRESS		ison Md.
Poges	()	YES, NO OR UNKNOWN) (IF YES, C	W II 056-07-		ay; 7013 No		
popers- popers- aval.		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per line for 101, (b), or			APPRO. BETWEEN	IMATE INTERVAL
ding porton		1579 MMEDI	THE CALOUE (O)				mos.
ottendin nove corb otion, or troumotic		Conditions, if ony, which	(Metast	ence of Carcinoma	of Pancrea	.s	
by the		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF		100	
0 - 0		The state of the s	((c)				
signed by Then pleo ta buriol, njury, or o	NO		(c)CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	IN AL DISEASE OR CONDIT	TION GIVEN IN PART 1	10.
os been signed beemit. Then pleo e priar ta buriol, rs ony injury, or a	FICATION			DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY?	TION GIVEN IN PART 1 206. IF YES, WERE FIND: IN CERTIFYING CAUSE:	NGS USED
te has been signed ist permit. Then plea giene prior to buriol shows ony injury, or	ERTIFICATION	PART 2. OTHER SIGNIFICANT	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 2 YES NO X	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	NGS USED
iol-tronsit permit. Then pleo intol Hygiene prior to buriol, em 18 shows ony injury, or o	CAL CERTIFICATION	PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED 21c. HOW INJURY OCCURR	20a AUTOPSY? 2 YES NO X	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	NGS USED 5 OF DEATH?
onsit permit. Then plea Hygiene priar ta buriol 8 shows ony injury, or	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTEY MEDICAL EXAMIN 21d, IN JURY OCCURRED WHILE NOT WHILE	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED 21c. HOW INJURY OCCURR 19 21f. LOCATION	20a AUTOPSY? 2 YES NO X	206. IF YES, WERE FIND IN CERTIFYING CAUSE: YES	NGS USED 5 OF DEATH?
After this certificate has been signed se as the buriol-transit permit. Then plea solth and Mental Hygiene prior to buriol marked or Item 18 shows ony injury, or		PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE.	OPERATION WAS PERFORMED 21t. HOW INJURY OCCURE 19 21f. LOCATION STREET OCC. 7, 1982	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY II	206. IF YES, WERE FIND IN CERTIFYING CAUSE: YES IN ITEM 18 PART 1 OR PART 2)	NGS USED 5 OF DEATH? NO
certificate has been signed introl-transit permit. Then plea entol Hygiene prior to buriof them 18 shows any injury, or		PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN AT WORK 22a.1 certify that (1) (this has, sow the deceased alive of	218. TIME OF INJURY HOUR A.M. MONTH D P.M. 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	AY YEAR 19 211. LOCATION STREET	200 AUTOPSY? YES NO X IED (ENTER NATURE OF INJURY II CITY OR TOWN	206. IF YES, WERE FIND IN CERTIFYING CAUSE: YES IN ITEM 18 PART 1 OR PART 2) COUNTY	NGS USED SOF DEATH? NO STATE
DRECTOR: After this certificate has been signed looked for use as the buriol-transit permit. Then plea Dept. of Health and Mentol Hygiene prior to buriol if them 21 is marked or them 18 shows ony injury, or		PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN AT WORK 22a.1 certify that (1) (this has, sow the deceased alive of	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21a. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE.	AY YEAR 19 21c. HOW INJURY OCCURE 19 21f. LOCATION STREET OCL . 7, 19 82 82, ond that in (my) (our) opinion of DEGREE	200 AUTOPSY? YES NO S EED (ENTER NATURE OF INJURY II CITY OR TOWN To NOV. 7 deoth occurred on the dote	206. IF YES, WERE FINDIN CERTIFYING CAUSE YES VICTOR 18 PART 1 OR PART 2) COUNTY 20 and hour and from the	NGS USED 5 OF DEATH? NO STATE that (h) (we) last couses stated
DRECTOR: After this certificate has been signed looked for use as the buriol-transit permit. Then plea Dept. of Health and Mentol Hygiene prior to buriol if them 21 is marked or them 18 shows ony injury, or		PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a.1 certify Into (1) (this hos sow the deceased olive a obove, (1) (we) (did) (did red)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21a. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE.	AY YEAR 19 21t. HOW INJURY OCCURE 19 21f. LOCATION STREET OCL. 7, 1982 82, and that in (my) (aur) opinion of DEGREE PHYSICIAN	200 AUTOPSY? YES NO NO CITY OR TOWN TO NOV. 7 death occurred on the date	206. IF YES, WERE FINDIN CERTIFYING CAUSE YES VICTOR 18 PART 1 OR PART 2) COUNTY 20 and hour and from the	NGS USED 5 OF DEATH? NO STATE that (I) (we) lost couses stated
DIRECTOR: After this certificate has been signed orched for use as the buriol-transit permit. Then plea Dept. of Health and Mental Hygiene prior to buriof them 21 is marked or Item 18 shows ony injury, or		PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOT IFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE AT WORK 22a. Certify that (1) (this has sow the deceased alive on obove, (1) (we) (did) (did r 22b. SIC WATURE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21a. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE.	AY YEAR 19 21f. HOW INJURY OCCURE 19 21f. LOCATION STREET OCL 7, 19 82 82, ond that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO S VED (ENTER NATURE OF INJURY II CITY OR TOWN TO NOV. 7 death occurred on the date MEDICAL STAFF DIRECTOR PHYSICIA	206. IF YES, WERE FINDIN CERTIFYING CAUSE: YES VES COUNTY 1982 22c. DATE 11-	NGS USED 5 OF DEATH? NO STATE that (i) (we) lost a couses stated SIGNED 7 - 82
DIRECTOR: After this certificate has been signed oched for use as the buriol-transit permit. Then plea Dept. of Health and Mental Hygiene prior to buriol if them 21 is marked or them 18 shows any injury, or	WEDICAL	PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOT IFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE AT WORK 22a. Certify that (1) (this has sow the deceased alive on obove, (1) (we) (did) (did r 22b. SIC WATURE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE. DITO) oftended the deceosed from NOV. 5, 19 Office of the deceosed from Tanenbaum, L 23b. DATE 23c. 12d. 12d. 12d. 12d. 12d. 12d. 12d. 12d	AY YEAR 19 21t. HOW INJURY OCCURE 19 21f. LOCATION STREET OCL. 7, 19 82 82, ond that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN X 22e. ADDRESS	200 AUTOPSY? YES NO X VED (ENTER NATURE OF INJURY II CITY OR TOWN TO NOV. 7 deoth occurred on the dote MEDICAL STAFF DIRECTOR PHYSICIA T334 LOCATION	206. IF YES, WERE FINDIN CERTIFYING CAUSE: YES VES COUNTY 1982 22c. DATE 11-	NGS USED 5 OF DEATH? NO STATE that (i) (we) lost o couses stated SIGNED 7-82 Chase, Mo



STATE OF MARYLAND

1.	STATE REGISTRAR			DEPARTN	CERTIF	ICATE OF DEATH	REG. N	, 40.	4 7	/ 0 8		
	CEASED NAME OR PRINT)	ANNA		E.		EWIS	November		DAY YEAR	4:50gm		
3 SE	x Female		4 RACE White		July	4, 1902 YEAR	6 AGE IN YEARS LAST RI	YRS	# UNDER I YEAR	IF UNDER 24 HRS HOURS MIN		
P	irthplace istate o ountry) 2nnsylvan	ia	U. S. A. WIDOWEI					ALTIMORE CITY OR COUNTY OF DEATH Montgomery				
SA	itvortown of i	ing	Carri	age Hill	O S	ilver Spring	12R USUAL OCCUPATION OF WORK FOR MOST BOOKKEEPER	OF WORKING L	WEI INDUSTRY	rn Union		
May	ryland	1136 COUP		GIVE RESIDENCE BEFORE 136. CITY OR TOWN SILVER SI	N	134. INSIDE CITY LIMITS?	13. STREET ADDRESS 8715 Fire	st Au	enue			
14 FATHER'S NAME Charles			MIDDLE Lewis			15 MOTHER'S MAIDEN NA Rachel	MIDDLE		Her	Herson		
16a V	WAS DECEASED EV YES NO OR UNKNOWN) NO	ER IN U.S. AR	MED FORCES? E WAR OR DATES)	579-01-0		Mrs. Jerome	Pollock Che	5s Ken	ilworth	Drive ruland mate interval onset and death		
	Conditions, if a gove rise to couse 101, ste underlying co	ony, which	(p)	R AS A CONSEQUE	toger	n's Cirolus	s/s		5y	lais		
CERTIFICATION	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO DEATH BUT I				200 AUTOPSY?	20h. IF YE	TION GIVEN IN PART 110: 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc			
MEDICAL CER	21R ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA I IF EITHER, NOTHY MEDICAL EXAMINER)		21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19			216 HOW INJURY OCCUR						
WE	270.1 certify tho	eosed olive on	tol) ottended the	1 19	1	ond that in (my) (our) opinion	city or town county st.					
	27% SIGNATURE	duse	N view the body	ofter death.			MEDICAL STA	AFF ICIAN [22c. DATE	8/1982		
	Herbe		af, M. 1	N		8750 Georgia	Avenue, Si	lver	Spring,	Md.		

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR:

any injury, or other traumatic

should be detached for use as the burial-transit permit. Then please remove carbon ps with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem

MPORTANT: If Item 21 is marked or Item 18 shows

230. BURIAL, CREMATION, REMOVAL BURIAL

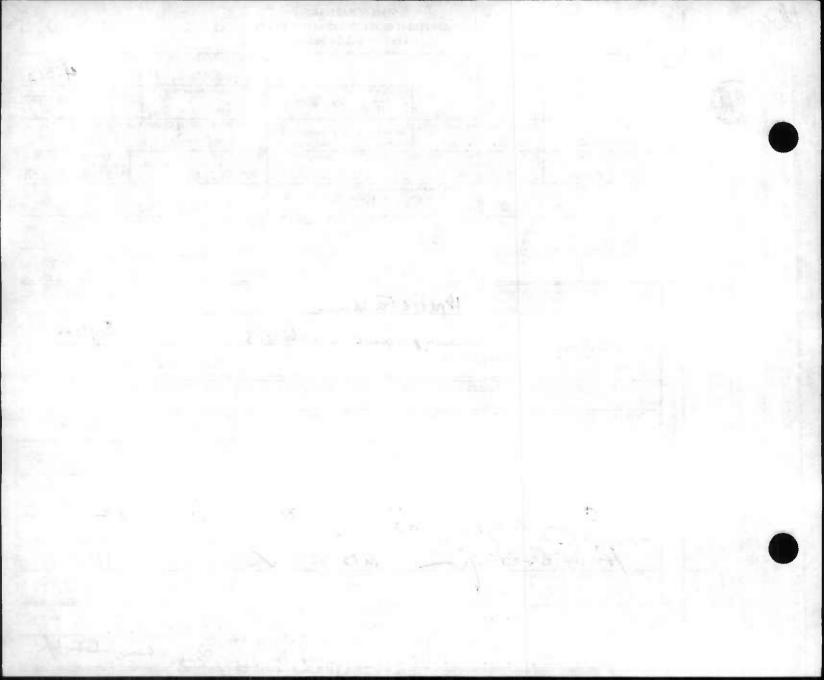
11/9/1982

1231. NAME OF HOMETER CONCRETE 1230 Phev Sholom Talmud Torah

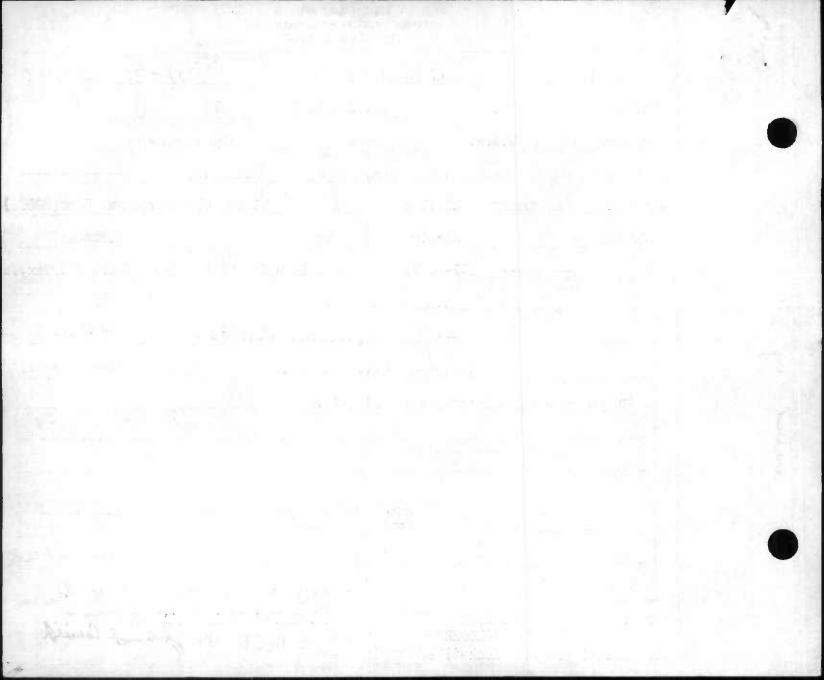
23d LOCATION
h Washington.

STATE

23 Carroll Street, N. W. Washington, D. C. NOV 12 1982

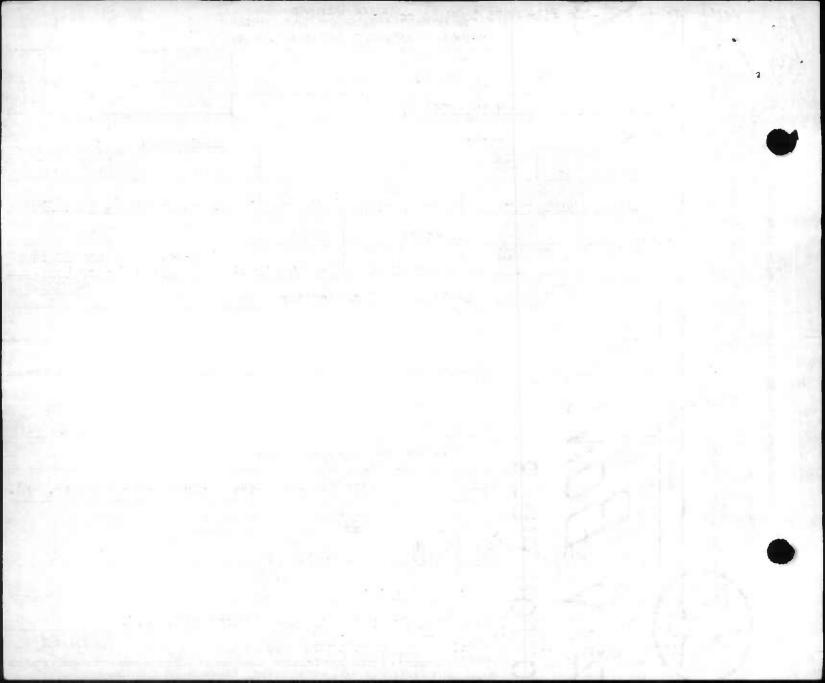


5000	Ľ	FOR STATE REGISTRAR			NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	297	0 9
143		CEASED NAME FIRST KATE		Lieb	owi!	+ z	2a DATE OF DEATH MONT	- 30 - 82	26 HOUR 856 PM
oge 4 ma rectar, po urs after c		emale		White		30, 1907 AR	6. AGE TIN YEARS LAST BIRTHDAY	IF UNDER TYEAR MONTHS DAYS YRS.	
death. Pourerol di	N	RTHPLACE (STATE OR FOREIGN COUNTRY) IEW YORK	U.S.		WIDOWE		montgom		MD.
ors after a by the f	B	ITY OR TOWN OF DEATH CTURNAL AL RESIDENCE (IF NURSING HOME OR	(IF NOT IN SI	but ban	ADDRESS)	pital	Housewife	RKING LIFE) 126 KIND C INDUSTRY	OF BUSINESS OR
iy filled ii	Ma Ma	STATE NI COUN	omery	ROCKVILLE ROCKVILLE	ADMISSION)	13d INSIDE CITY LIMITS? YES X NO [12000 Old Geo	orgetown R	oad(20852
Complete Complete		Abraham	WIDDLE	Shapiro		Dora	MIDDLE	(Unkn	own)
be execution and configuration of the secution	- (VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (15 YES, GIV	E WAR OR DATES)	267-60-74		Norman Shaw;	Son;9711 Doult		
ertificate g physici conpape removal, th		18 CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE IMMEDIAT	ly one couse po D BY: 'E CAUSE (a)	er line for (a), (b), and Carbi	c. as	cret		BETWEEN	ONSET AND DEATH
death contraction of contraction or raumatic		Conditions, if ony, which gove rise to immediate	DUE TO, (b)	A CUTA		zicardial in	taritan	241	11/1-
that the lease remial, cremial, cremial,		cause (a), stating the underlying cause lost	DUE TO, (Coyl noy	nce of	wt disease	1	Seven	al years_
requires een signe t. Then p for to bur y injury.	TION	HART 2 OTHER SIGNIFICANT OF	w. GI	CONTRIBUTING TO C	Cy	NOT RELATED TO THE TERM		ON GIVEN IN PART 1	
The law ician. The law ician. The law sist permissit permissit permissit shows on	CERTIFICATION	19a DATE OF OPERATION	196 CON		OPERATIO		YES NO	. IF YES, WERE FIND II CERTIFYING CAUSES YES []	NGS USED S OF DEATH?
HYSICIAN: Iding phys is certifico buriol-trar Mental Hy or Item 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A	P.M.	Y YEAR		RED (ENTER NATURE OF INJURY IN IT	EM IB PART I OR PART 2)	
OING PHY or attendi After this e os the bu alth and M	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME S	E OF INJURY TREET FACTORY OFFICE, FA		21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTEND sspital or CTOR A Januse of Heal		22a. I certify that (I) (this hason sow the deceased alive on above, (I) (we) (did) (did no	NOV.	30 19 8	9		death occurred on the date or		that (I) (we) lost couses stated
ITAL OR by the ho RAL DIRE detoched tate Depit		22b. SIGNATURE	Ja Ca	hu	M		MEDICAL STAFF DIRECTOR PHYSICIAN (22c. DATE	SIGNED
O HOSPITAL etoined by the FUNERAL should be determined to the State with the State MAPORTANT;		Sidnes J	Cohen	, A.D.			ional Lane,	Rochille,	WJ.
BP	Bu	URIAL, CREMATION, REMOVAL	Dec. 2	,82 KIN	IG DAY	/ID MEM. GARDI	NE FALL'S CHURC	H:FAIRFAX	:VA . STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	11	NERAL DIRECTOR DANZAN .70 Rockville P	ike; Ro	ckville,	dary l	and 20852	CEB. BA JARKY	- Company	URE



(VR A15 ME (20M 4/82

	PE OR PRINT)	E FIRST		WIDDLE		LAST	1	OF ESTI-		DAY YEAR
1. SEX		F F	ISA IS. DATE OF I	DIDTH	AGE (IN YEARS	L IPPEL		DEATH MATED	□ 11-1	DAY YEAR
			MONTH	DAY YEAR	LAST BIRTHDAY)		NDER 24 HRS. 20	DATE DNOUNCED DEAD	11_1	4-82
	emale	White	March	10,1925 OF WHAT COUR	57 YRS.		_ 9 8	BALTIMORE CITY		
20	ermany			5.A.		MARRIED NEVER	MARRIED U		_	
	ITY OR TOWN	OF DEATH		·		WIDOWED L. DI	ORCED USUAL	OCCUPATION (TYPE OF WORK	KIND OF B
C	ilvor 9	Springs	116	SUCH FACILITY, GIVE:	STREET ADDRESS)		Teach	OF WORKING LIFE)		OR INDUST
USU	AL RESIDENCE	(IF IN NURSING HOM	E OR OTHER INSTITUT	TION, GIVE RESIDENCE	E BEFORE ADMISSION				ļr	
	rvland	Mont	tgomery	L	rortown er Sprir	13d. INSIDECITY LIM		eaumont	Poad -	7in . 20
	ATHER'S NAM			BILA		15 MOTHER'S A	MAIDEN NAME		Kuau -	Z14,C1
Wa	alter		WIDDLE	Benn	igson	Erna		WIDDLE	Н	oltz
16a. V	VAS DECEASE	DEVER IN U.S. A	ARMED FORCES	? 16b. SO	CIAL SECURITY N	NO. 17. INFORMANT		Potomac		
NO				120	-14-7839	9 Kenneth	Lippel:7	531_Code	ile Harl	bor Lai
	18 CAUSE	F DEATH (Enter	anly ane cause p							APPROXIMA BETWEEN ONS
	PARTID	EATH WAS CAUS		Barbi	turate	Intoxication	1			
PARTIDEATH WAS CAUSED BY: Barbiturate Intoxication Oue TO, OR AS A CONSEQUENCE OF										
	951	1 IMMED								
		ns, if any, which	ch DUE T							
	gove r	ns, if any, which se to immedia	ch (b),	O, OR AS A COI	NSEQUENCE OF					
	gove r	ns, if any, which se to immedia) stating the under	ch (b),	O, OR AS A COI						
	gove r cause (a lying ca	ns, if any, whi se to immedia) stating the <u>under</u> use lost.	the DUE T (b), DUE T (c)	O, OR AS A COI	NSEQUENCE OF					
NO	gove r cause (a lying ca	ns, if any, whi se to immedia) stating the <u>under</u> use lost.	the DUE T (b), DUE T (c)	O, OR AS A COI	NSEQUENCE OF					
ATION	gove r cause (a lying ca	ns, if any, whi se to immedia) stating the <u>under</u> use lost.	ch (b), (b), DUE T (c), DUE T (c), The contributing to	O, OR AS A COI	NSEQUENCE OF		V IN PART 1 (o).			20 AUTOPSY
TIFICATION	gove r cause (a lying ca	ns, if any, whiis se to immedia stating the under use lost.	ch (b), (b), DUE T (c), DUE T (c), The contributing to	O, OR AS A COI	NSEQUENCE OF	AL DISEASE OR CONDITION GIVE	V IN PART 1 (o).			
CERTIFICATION	gove recause (a lying ca	ns, if any, white se to immedia se to immedia se lost. IGNIFICANT CONDITION F OPERATION AL CAUSE WAS	ch (b), pr- (c) NS CONTRIBUTING TO	O, OR AS A COI	NSEQUENCE OF NSEQUENCE OF ATED TO THE TERMINA WHICH OPERAT	AL DISEASE OR CONDITION GIVE	N IN PART 1 (o).	ire of injury in item	18 PART I OR PART	YES 💫
CAL CERTIFICATION	gove r cause (c lying ca PABT 2 OTHER S 19a DATE O 21a. EXTERN UNDERLYIN	ns, if any, white se to immedia se to immedia se lost. IGNIFICANT CONDITION F OPERATION AL CAUSE WAS	Ch (b), DUE T (c) NS CONTRIBUTING TO	O, OR AS A COI	NSEQUENCE OF NSEQUENCE OF ATED TO THE TERMINA WHICH OPERAT	AL DISEASE OR CONDITION GIVEN	N IN PART 1 (o).	RE OF INJURY IN ITEM	18 PART 1 OR PART:	YES 💫
	gove r cause (c lying ca PABT 2 OTHER S 19a DATE O 21a. EXTERN UNDERLYIN CONTRIBUT	ns, if any, white se to immedia se to immedia se lost. IGNIFICANT CONDITION AL CAUSE WAS GOR OR O	DUE T. (b), DUE T. (c) NS CONTRIBUTING TO 19b C 21b. TI HOU F DEATH	O, OR AS A COLO O, OR AS A COLO DEATH BUT NOT REL ONDITION FOR ME OF INJURY IR A.M. MONTH P.M. LACE OF INJURY	NSEQUENCE OF ATED TO THE TERMIN WHICH OPERAT DAY YEAR 1 DAY 19	TION WAS PERFORMED: THE HOW INJURY OCCURRENCES THE LOCATION	URRED (ENTERNATU			YES (2)
MEDICAL CERTIFICATION	gove r cause (c lying ca PABT 2 OTHER S 19a DATE O 21a. EXTERN UNDERLYIN CONTRIBUT	ns, if any, white se to immedia se to immedia se lost. IGNIFICANT CONDITION AL CAUSE WAS GOR OR O	DUE T (b), DUE T (c) NS CONTRIBUTING TO 19b C 21b. TI HOU F DEATH 21e PI STRE	O, OR AS A COLO O, OR AS A COLO DEATH BUT NOT REL ONDITION FOR ME OF INJURY R A.M. MONTH P.M.	NSEQUENCE OF ATED TO THE TERMIN WHICH OPERAT DAY YEAR 1 DAY 19	AL DISEASE OR CONDITION GIVEN FION WAS PERFORMED? 21c HOW INJURY OCC. self/inges	URRED (ENTERNATU		Spring	YES (2)
	gove r cause (o lying co PABT 2 OTHER S 19a DATE O 21a. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK	FOPERATION AL CAUSE WAS GO OR NOT WHILE AT WORK	DUE T (b), DUE T (c) NS CONTRIBUTING TO 21b. TI HOU F DEATH	O, OR AS A COLO O, OR AS A COLO DEATH BUT NOT REL ONDITION FOR ME OF INJURY R A.M. MONTH P.M. LACE OF INJURY LET, FACTORY, FARM, I	NSEQUENCE OF ATED TO THE TERMINA WHICH OPERAT 1 DAY YEAR 1 (AT HOME, ETC.)	TION WAS PERFORMED: THE HOW INJURY OCCUPANT TO THE SENTENCE OF THE SERVICE OF TH	URRED (ENTERNATUS STEED	Silver	Spring	YES Q
	gove recovered for the state of	Ins, if any, white se to immedia see to immedia see to immedia see lost. IGNIFICANT (ONOITION AL CAUSE WAS GOR CAUSE OF	DUE T (b), DUE T (c) NS CONTRIBUTING TO 19b C 21b. TI HOU F DEATH 21e PI Street 2 orge of the remo	O, OR AS A COL	NSEQUENCE OF ATED TO THE TERMINA WHICH OPERAT A DAY YEAR ((AT HOME, ETC.)	AL DISEASE OR CONDITION GIVEN TION WAS PERFORMED? 21c HOW INJURY OCC Self/inges 21f LOCATION 116 Beauman Autopsy X. Insp	URRED (ENTERNATE Sted Drive	Silver		YES Q
	gove r cause (o lying co PABT 2 OTHER S 19a DATE O 21a. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK	Ins, if any, white se to immedia see to immedia see to immedia see lost. IGNIFICANT (ONOITION AL CAUSE WAS GOR CAUSE OF	DUE T (b), DUE T (c) NS CONTRIBUTING TO 21b. TI HOU F DEATH	O, OR AS A COLO O, OR AS A COLO DEATH BUT NOT REL ONDITION FOR ME OF INJURY R A.M. MONTH P.M. LACE OF INJURY LET, FACTORY, FARM, I	NSEQUENCE OF ATED TO THE TERMINA WHICH OPERAT A DAY YEAR ((AT HOME, ETC.)	AL DISEASE OR CONDITION GIVEN TION WAS PERFORMED: 21c HOW INJURY OCC Self/inges 71f LOCATION 116 Beauman Autopsy X. Inserted Homicide	URRED (ENTERNATURE Sted	Silver	Spring	YES Q
	gove reasons government g	Ins, if any, white se to immedia see to immedia see to immedia see lost. IGNIFICANT (ONOITION AL CAUSE WAS GOR CAUSE OF	DUE T (b), DUE T (c) NS CONTRIBUTING TO 19b C 21b. TI HOU F DEATH 21e PI Street 2 orge of the remo	O, OR AS A COL	NSEQUENCE OF ATED TO THE TERMINA WHICH OPERAT A DAY YEAR ((AT HOME, ETC.)	AL DISEASE OR CONDITION GIVEN FION WAS PERFORMED? 21c HOW INJURY OCC Self/inges 21f LOCATION 116 Beauman Autopsy X Inse de XX Homicide TITLE (SPECIII	URRED (ENTERNATUSTED) Drive Dection	Silver Singuiry	Spring ond in my opin],	YES XX
	gove recovered for the state of	Ins, if any, white se to immedia see to immedia see to immedia see lost. IGNIFICANT (ONOITION AL CAUSE WAS GOR CAUSE OF	DUE T (b), DUE T (c) NS CONTRIBUTING TO 19b C 21b. TI HOU F DEATH 21e PI Street 2 orge of the remo	O, OR AS A COL	NSEQUENCE OF ATED TO THE TERMINA WHICH OPERAT A DAY YEAR ((AT HOME, ETC.)	AL DISEASE OR CONDITION GIVEN TION WAS PERFORMED: 21c HOW INJURY OCC Self/inges 71f LOCATION 116 Beauman Autopsy X. Inserted Homicide	URRED (ENTERNATUSTED) Drive Dection	Silver	Spring ond in my opin],	YES Q
	PABT 2 OTHER S 19a DATE O 21a EXTERN UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK 22a I cert deoth resul ACTUAL SIGNATURE EXAMINER:	IN IT ON THE LEGAL TO THE LEGAL TO THE LEGAL TO THE LEGAL TO THE LEGAL THE L	DUE T (b), DUE T (c) NS CONTRIBUTING TO 19b C 21b, T1 HOU ST DEATH 21e P Sing R orge of the remo	O, OR AS A COLO O, OR AS A COLO DEATH BUT NOT REL ONDITION FOR ME OF INJURY R A.M. MONTH P.M. LACE OF INJURY LET, FACTORY, FARM, I	NSEQUENCE OF ATED TO THE TERMIN WHICH OPERAT (AT HOME, ETC.) OVE, held on Suicin	TITLE (SPECIE OR CONDITION GIVE) AL DISEASE OR CONDITION GIVE) TION WAS PERFORMED: Self/inges 216 HOW INJURY OCC Self/inges 116 Beauman Autopsy X Inspecie (SPECIE OR CONDITION CON	URRED (ENTERNATUSTED) Drive Dection	Silver Singuity	Spring ond in my opin],	YES XX
MEDICAL	PABT 2 OTHERS 19a DATE O 21a. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK 22a I cert death resul ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	Ins, if any, white se to immedia se to immedia se lost. IGNIFICANT CONDITION AL CAUSE WAS GOOD COURRED OCCURRED NOT WHILE AT WORK Institute of the seed fram: No seed f	DUE T (b). DUE T (c). NS CONTRIBUTING TO 19b C 21b. TI HOU F DEATH 21e P Street orge of the remo tural causes Margarit	O, OR AS A COLO O, OR AS A COL	NSEQUENCE OF ATED TO THE TERMINA WHICH OPERAT (AT HOME. ETC.) OVE, held on Suicid	AL DISEASE OR CONDITION GIVEN TION WAS PERFORMED: 21c HOW INJURY OCC. self/inges 21l LOCATION 116 Reauman Autopsy X. Insp. de XX Homicide [M.DASSISTA). ADDRESS 11	URRED (ENTERNATUE ted Drive Conception	Inquiry	Spring ond in my opin],	YES XX
WEDICAL MEDICAL	PABT 2 OTHERS 19a DATE O 21a. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK 22a I cert death resul ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	INDICATE ON THE PROPERTY OF TH	DUE T (b) DUE T (c) NS CONTRIBUTING TO 19b C 21b. TI HOU F DEATH 21e P Streen orge of the remoner tural courses Margarit 23b. DATE	O, OR AS A COLO DEATH BUT NOT REL ONDITION FOR ME OF INJURY R A.M. MONTH P.M. LACE OF INJURY IT, FACTORY, FARM, I	WHICH OPERAT (AT HOME. ETC.) NAME OF CEME	TITLE (SPECIE OR CONDITION GIVE) AL DISEASE OR CONDITION GIVE) TION WAS PERFORMED: Self/inges 216 HOW INJURY OCC Self/inges 116 Beauman Autopsy X Inspecie (SPECIE OR CONDITION CON	URRED (ENTERNATUS Sted Drive Operation	Inquiry	Spring ond in my opin DATE SIGNED.	YES A



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral direst should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I and 2 should be filled within 72 theusi

medicol

marked ar Item 18 shows ony injury, or other troumatic event, the

IMPORTANT: If Item 21 is

should be detached for use as the burial-tronsit permit. Then please remave carbonpape with the State Dept. of Heolth and Mental Hygiene prior to buriol, cremation, or removal.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTIF	ICATE OF DEATH		REG. N	0		
	I. DEC	CEASED NAME FIRST		MIDDLE	1	AST .	2a DA	ATE OF DEATH		AY YEAR	26 HQUR
		Margar	ret 1	Mulroe	be	GAN			11-10	7-80	806
	3. SE)	To me	4 RACE		5. DATE C	F BIRTH	6 AGE	(IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	_	TEMME	WH	1/6		-25-C	218	>/	YRS		
-1		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BAL	TIMORE CITY O	R COUNTY	OF DEATH	
1		shington, D.	C. U.S.	Α.	WIDOWE	71.847		lonte	90m	7en	/ MD
4	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN	ADDRESS)	ROTHER INSTITUTION		WAL OCCUPATI	ØN FWORKING SEE	174 KINB O	BUSINESS OR
2	0/	IVER XMI	nattor	LOCE	5/7	OSPITA	2	Clerk	rile out its	G. P.	0.
1	130. S	AL RESIDENCE (IF NURSING HO)	MEN OTHER INSTITUTION	13c. CITY OR TOW		13d INSIDE CITY LIMI	TS? Isa ST	REET ADDRESS			
)			ntgomery	Silver S	pring	YES X NO		Kerwood	Court	20	904
	14. FA	ATHER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDE	NAME	WIDDLE		146	
2		Martin		Mulroe		Mary		MIDDLE		Qui	ll
		VAS DECEASED EVER IN U.S	S. GIVE WAR OR DATES	16b. SOCIAL SECU	JRITY NO.	17 INFORMANT	Son	ADDRE	592903	Margo.	t Dr.
		Va		214-74-2	158	William S.	. Logar				
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only ane cause per		dici					BETWEEN C	MATE INTERVAL ONSET AND DEATH
			DIATE CAUSE (a)	12	C26.	RETOR 4	Fa.	luka		tw	~
	Ε.	1749	DUE TO, O	R AS A CONSEQU	ENCE OF			0		-	10
		Canditians, if ony, which		450	645	Cascinon	01-	BREW	1	,) ,	11 -5
		gove rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUI	ENCE OF						
		underlying cause last	((c)								
	7	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINAL DI	SEASE OR CON	DITION GIVE	N IN PART 110	2
	CERTIFICATION										
1	ICA	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a	AUTOPSY?		WERE FINDIN	
	RTIF						YES		YES		NO [
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	110110	FINJURY M. MONTH D.	AY YEAR	21c HOW INJURY O	CCURRED (EN	TER NATURE OF INJUR	RY IN ITEM 18 PA	RT I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM		M	19						
	MED	21d INJURY OCCURRED	21e. PLACE (OF INJURY	ARM ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
		WHILE NOT WHILE AT WORK					2.7	.1.		7-	
		220.1 certify that (I) (this h			CIT.	. 19_0	, to		0 1		that (I) (we) last
		sow the deceased olive abave, (1) (we) (did) (di				d that in (my) (aur) op	inian death ac	curred an the do	ite and hour	and from the c	tauses stated
		22% SIGNATURE	1			ATTENDIR	NG MEDI	ICAL STAT		22c. DATE S	
		-	100	, >, ~	74	PHYSICIA		ICAL STAF FOR PHYSIC		1111	1185
			CAR H	101		22e. ADDRESS	. 5-				
			GAR			863	0 1-	MIG	1 Sil	ver Spi	ring, Md.
	23e. B	URIAL, CREMATION, REMO	VAL 236 DATE	23€. ↑	NAME OF CI	METERY OR CREMATO	ORY 23d.	LOCATION			

O HOSPITAL OR ATTENDING PHYSICIAN: The law

DHMH - 16 50M 1/B1 (VRA 15, 4)

Silver Spring

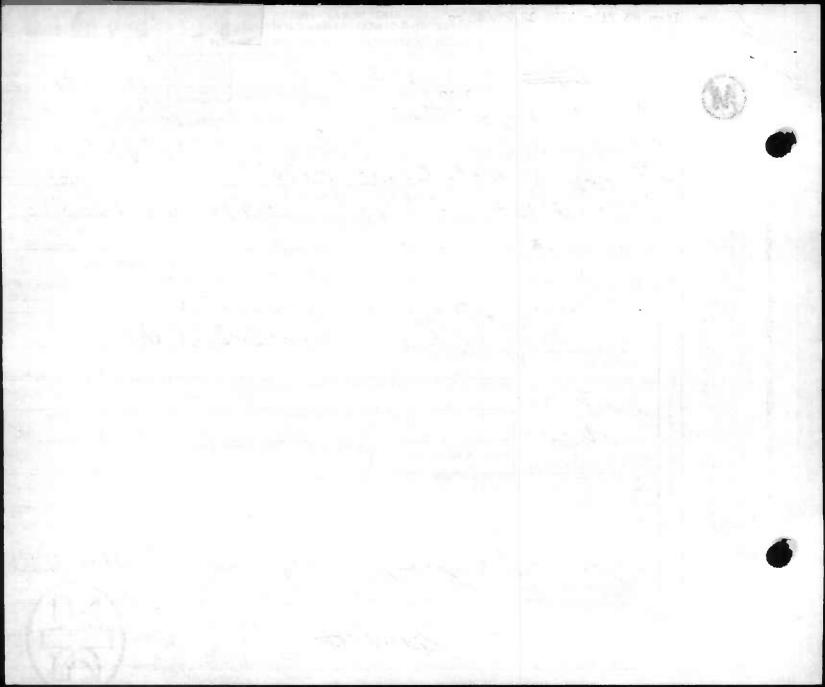
Mont.

Md.

Burial Nov. 13. 1982 Gate of Heaven
24 FUNERAL DIRECTOR Francis J. Collins Silver Spring, Md. University Blvd., W.

NOV 1 5 1982

Miles and the second of the second se NOV 1 5 188 / Sand Coming



			1	
			1	
		1		
0	-	7		
	-			

STATE OF MARYLAND ITEMS 19b Film 575 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH DAY 26. HOUR 1. DECEASED NAME LAST (TYPE OR PRINT) November 21, 1982 LOMONACO FRANCES LUCY 4:006 AGE (IN YEARS LAST BIRTHOAY) 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX White Female. MONTH YEAR 1920 62 ugust 70. BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Montgomery County New York United States DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12g. USUAL OCCUPATION 17h KIND OF BUSINESS OR Home (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Bethesda Clinical Center, NIH, Bethesda, Md Housewi fe 13g. STATE POUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Broome New York lingham ton Margaret Street, 13905 YES T NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Catherine Ruffo Vallone Frank ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) John Lomonaco (husband) same as patient 134-09-3330 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), PART I DEATH WAS CAUSED BY: Sepsis, Gram negative shock 24 hours DUE TO, OR AS A CONSEQUENCE OF 5 days (b) Operation Canditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause Yrs (c) Valvular Heart Disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION Renal Failure 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 11/17/82 Valvular Heart Disease NO NO [21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 71d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE November 21 77a.1 certify that XI) (this haspital) attended the deceased from October 31. 1982 saw the deceased alive an November 21 19 82 ____, and that in (aur) opinian death accurred on the date and have and from the causes stated above (did) x be x of view the bady after death 22c DATE SIGNED DEGREE 226. SIGNATURE M.D. DIRECTOR PHYSICIAN PHYSICIAN 22 ADDRESS National Institutes of Health SELL, MD Clinical Center, Bethesda, Md. 20205 23a. BURIAL, CREMATION, REMOVAL Vastal Hills 23d. LOCATION 236. DATE STATE

Memorial Park

Vestal New York

11-26-82

Court Street, Binghamton, New York 13901

24 FUNERAL DIRECTOR James DeMarco & Son Funeral Home

Burria1

DHMH - 16 50M 4/B2 (VRA 15, 4)

trou

pleas

per

the buriol-transit per and Mental Hygiene

be detached te State Dept.

Should be

0

ottending

18

morked or

+

0

ā.

ACTION OF THE PROPERTY OF T

Circle party derivative of the second constant of the second constan

nzuol 1 ing dan sylange 12 ling.

And the state of t

An and a series of the series

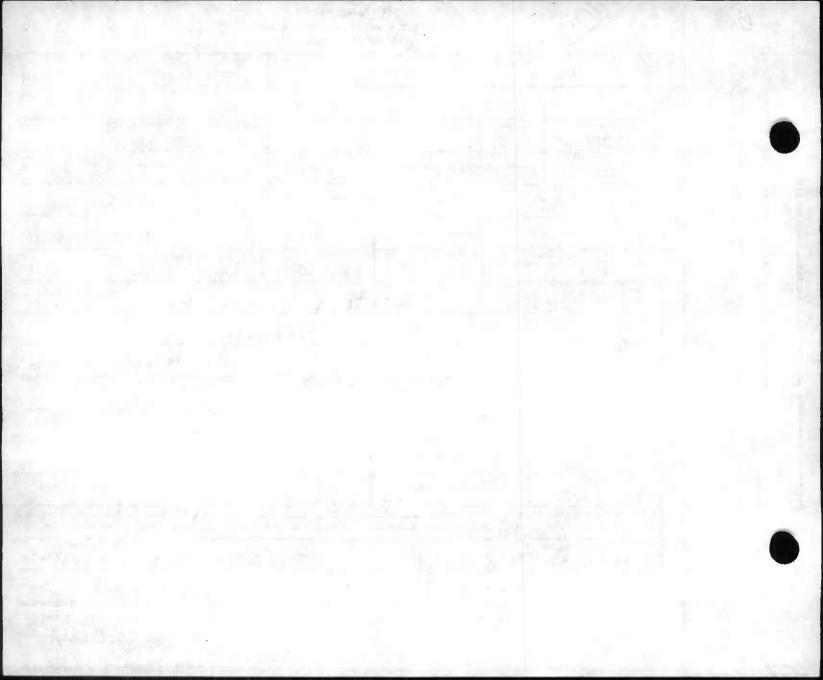
And the second s

Alloh in something it is not a supply to the source of the

Carl Track of the Control of the Con

TO HOSPITAL OH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

6		1-	FOR STATE REGISTRAR		D	EPARTA	CERTIF	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		Z REG. NO		9 7		
05			CEASED NAME POPERINT)	MIDDLE						26 DATE OF DEATH MONTH DAY YEAR 25. HOUR				
	1.3			NNA			LOR		NOVEN			-	6:45AM	
W	nce.	3 SE	FEMALE	4	WHITE		DECE		6. AGE (IN YEARS	LAST GIRTH	DAY) #F UNI		UNDER 24 HRS	
meral di n 72 hau	Sifted at o	N	RTHPLACE (STATE OR FORE) DUNTRY) IEW JERSEY	63	U. S. A.		WIDOWE		MONTO	OMER	COUNTY OF D	y	MD.	
by the fled within	270	1	TY OR TOWN OF DEATH ROCKVILLE	f	HEBREW"HOME	OF.	GREAT	R OTHER INSTITUTION ER WASHINGTOI	120 USUAL OCI (TYPE OF WORK FO HOUSE	R MOST OF		N KIND OF B IDUSTRY OWN H	OME	
filled in uld be fil	137	130	AL RESIDENCE (IF NURSING	HOME OR OTH	GOMERY SILV	NCE BEFORE OBTOW ER S	PRING	136 INSIDE CITY LIMITS?		N. B	ELGRADE	ROAD		
mpletely and 2 shou	Sold Services		COUIS NAME	MID	FISC	HBEI!	N	MARSHA		NIDOLE	(UNAS	SCEŔĂT	INABLE	
Pages 1 a	t, the me	160 V	VAS DECEASED EVER IN	U.S. ARME FYES, GIVE WA	I PATESI	-01-		LOUIS LORD,	144-55 FLUSHIN		DURNE AL		TE INTERVAL SET AND DEATH	
igned by the attending phy please remove carbon pap burial, cremation, or remo	njury, or other traumatic e		Conditions, if any, we gave rise to immediate cause (a), stating underlying cause	hich liate the last	DUE TO, OR AS A CO	NSEQUE	ENCE OF	Septice Celluli NOT RELATED TO THE TER	Monary Zrvita Tris of	D EN COND	Meg.		mont	
ite has been s permit. There	Aue smous 2	CERTIFICATION	190 DATE OF OPERATIO	N	196 CONDITION FOR	WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	√°?	20h. IF YES, WEI IN CERTIFYING YES	CAUSES OF	S USED F DEATH?	
ohysician s certifica al-transit ental Hyg	or item 7		21a ACCIDENT WAS UNDERLO OR CONTRIBUTING CAU	SE OF DE ATH	21b. TIME OF INJURY HOUR A.M. MON P.M.	VTH DA	YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATUR	OF INJURY	IN ITEM 18, PART I O	R PART 2)		
After thi the huri	marked o	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE OF INJURY (AT HOME, STREET, FACTORY	Y, OFFICE, F	ARM, ETC)	211 LOCATION STREET	Cr	TY OR TOWN	, ,	OUNTY	STATE	
spital or at RECTOR: I for use as ot. of Healt	tem 21 is		220.1 certify that (1) (the saw the deceased abave, (1) (we) (did 22b. SIGNATURE	alive an	attended the deceased	19_(d that in (my) (aur) apinio	n death accurred a	in the dat		from the case		
by the hoder and the population of the populatio			224 PHYSICIAN'S NAM	D.	Klyon	ey		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	\sim	11/1	4/82	
etained to	PORT		HIRL	. D.	KHIAI	VE.	4	6121 M	ontro	eR	d, Ra	vekv	Me 1	
BP	-	1	SURTAL SURTAL		11/16/1982	CE	DAR P	ARK CEMETERY		, סטטו	BERGEN	-	JERSEY	
DHMH-16 29 (VRA 15, 4) 1		24 F	DONALD M. ST	STRE	HEBREW MEMO	BASH	THETE	RAL HOME 1250 DA	OV 1 7 19	SZ G	RIGISTRAP	PS ISHNINGS	7.	



	1	FOR - STATE REGISTRAR	DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	PIENE 8 2	2 9	/ 1 5		
		DECEASED NAME FIRST Marga	ret E		lowey	November 26, 1982 8.3				
	3 5	Female	White	5. DATE C		6 AGE (INYEARS LAST BIRTI		YEAR IF UNDER 24 HRS DAYS HOURS MIN		
21	~	BIRTHPLACE ISTATE OR FOREIGN 76 COUNTRY) ashington,DC	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY O Montgome				
obtified o		Rockville	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF Meadowhall Drive			126 USUAL OCCUPATION 126 KIND OF BUSIN (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Secretary School B				
Thus Be	130 M M	aryland Monto	13c. CITY OR TOWN	13c. CITY OR TOWN 13d INSIDE CITY LIMITS?			eisure W	20906 Jorld Blvd		
exomine	21	FATHER'S NAME Adolphus	Clough	T Unknown LAST						
dicol		WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE WA	AR OR DATES)		17. INFORMANT 2085 Herbert B.			whall Dr.		
otic event, the	UME,	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED &	nelina	cler	otre Hear	Disease	AF1 V	PPROXIMATE INTERVAL WEEN ONSET AND DEATH		
other tr	ауте	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	(b) DUE TO, OR AS A CONSEQUE							
o 'kınlırı' o	NO.	PART 2 OTHER SIGNIFICANT COI								
2	OV DI.	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	n was performed	YES NO	20b. IF YES, WERE F LIM CERTIFYING CA YES			
24	ared Di	OR CONTRIBUTING TO CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA P.M 216. PLACE OF INJURY	YEAR	216 HOW INJURY OCCURI					
is morked	Lear	white NOT White AT WORK 22a. I certify that (1) (1)	ottended the deceosed from	Jur	STREET 19 67 and that in (our) opinion	to Nov. 26	19_82	2_, that (we) lost		

should be detached for use as the buriol-transit permit. Then please remove corboning with the State Dept. of Health and Mentol Hygiene prior to buriol, cremotion, or remo TO FUNERAL DIRECTOR. After this certificate has been retoined by the hospitol MPORTANT: If Item 2 TO HOSPITAL BP

OR ATTENDING PHYSICIAN: The

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

226 SIGNATURE

22d. PHYSICIAN'S NAME (TYPE OR PRO

Nov. 29,

Arlington Nat'l

DEGREE

22e ADDRESS 3

ATTENDING PHYSICIAN

Arlington

DIRECTOR | STAFF

22c. DATE SIGNED

Blvd

20406

11-26-82

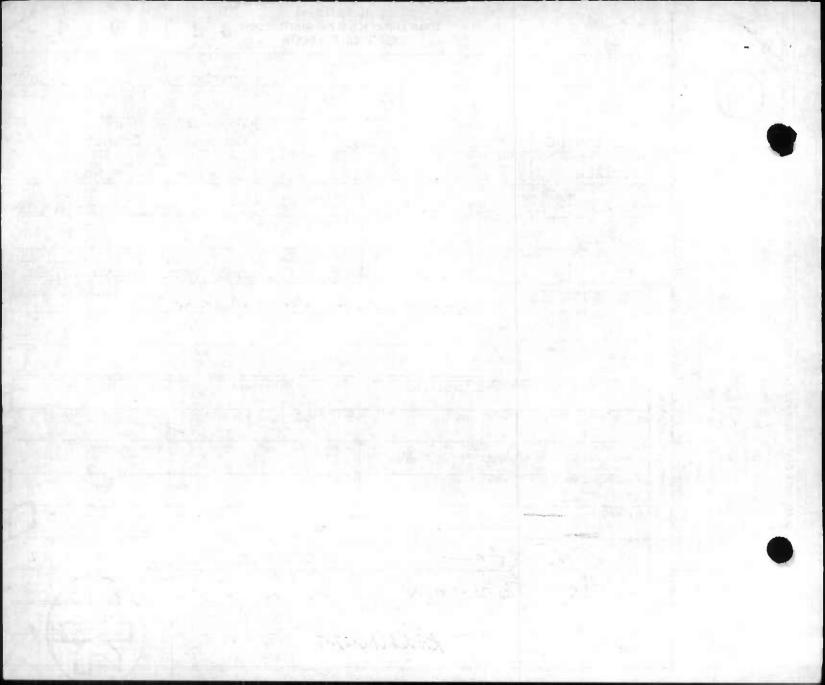
Warner E Pumphrey, Inc P.O.Box 7428 Sil. Spr.,

ROTS2TAIN

Virginia
758 REGISTRAR'S SIGNATURE DEC 1

95m00 r

DHMH - 16 60M 1/75 (VR A 15 (4))



OE	83
4	20
900	200
4	ysicion ond completely filled in by the funeral directs opers. Pages 1 and 2 should be find within 72 hours ovol.
oth	100
P	22
fe	23
9	24 6
90	in oc
4	P P
0 2	hou hou
후	2 s
3	o de
) je	100
Too.	Pies
6	Poo
-0	Srs.
00	ope
-	ph gra
9	ling
t o	end o, c
q	otto
the second	the rem
of O	by see
\$	ple
.2	en en
8	Th Th
3	mit.
0 0	per
F 05	srt gre
Z S	F P
CP	ol-to
YSI	Mer
H Su	the h
5 5	ter ho
0 0	Secoli
E E	P. C.
ATI	D b
10 MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may etained by the hospital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral direction, passbould be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 fraum direction, with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.
of the	etoc
E P	ERA Stol
SC	d b
H	ould the
e 0	Sp. 3

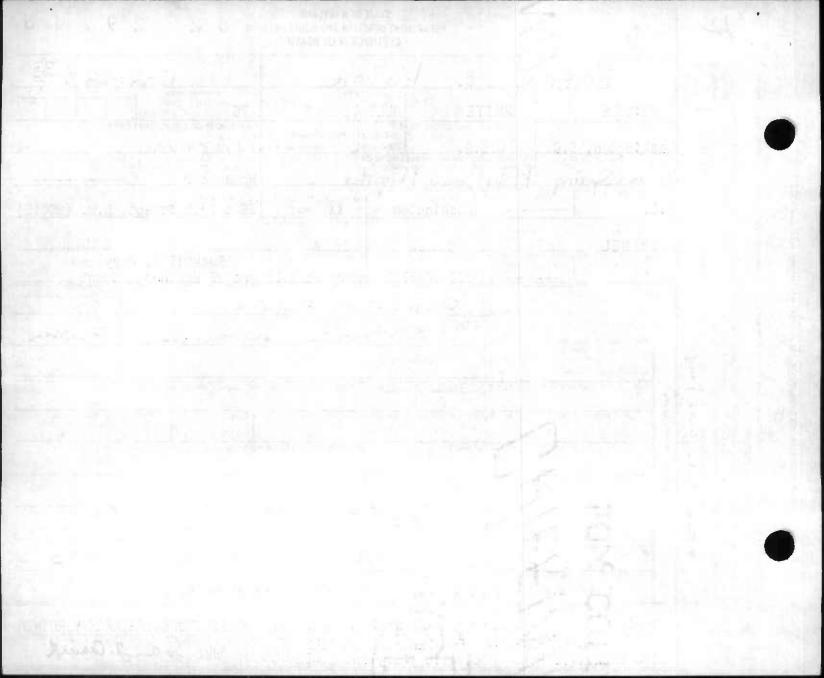
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8	2 REG. NO.	2	9	1	1	
	0 0 475 05	DEATH		AM M	F + 0	01 110	

6

	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG		2.	9/1	O
	1. DEC	CEASED NAME / FIRST		WIDDLE	0 1	AST	REG. No.	MONTH DAY	YEAR 2b. HQU	R
Th.	(TYPE	ORPRINT) Nami	1	c. h	111	olo		11-29	1-82 6-3	3 4
M	3. SEX	(4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR IF UNDER	_
	I	FEMALE	WHIT	E	JULY	4, 1906 YEAR	76	YRS.	MONTHS DAYS HOURS MIN.	
41		COUNTRY		WHAT COUNTRY?		NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	FDEATH	
1		shington, D.C.	U.S		WIDOWE IG HOME C	DIVORCED DIVORCED	12a USUAL OCCUPATI (1YPE OF WORK FOR MOST O	ON	12b. KIND OF BUSINE	MD.
28	Si	INDUSTRY								
0	13a. S	AL RESIDENCE (NURSING HOLLOR)	TY	130. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 5501 30th	Street.	N.W. (200	015)
10	14. FA	THER'S NAME	AIDDLE	LAST		15. MOTHER'S MAIDEN NAM		1200	LAST	
1/24	(SAMUEL	NOOLE	COHEN		DORA	WIDDE		BROWN	
1	16a V	VAS DECEASED EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	Rockvi	Me. Ma	ryland	
9		NO		579-48-3	751	Mary Jane Lub			Court:	
		18 CAUSE OF DEATH (Enter onl PART), DEATH WAS CAUSE	y one couse per	r line for (o), (b), one	d (cy)				APPROXIMATE INTER	DEATH
	114		E CAUSE (o)	05536	. scar	1024 Failu	26		5 4.2	
		2001	DUE TO, O	R AS A CONSEQUE	NCE OF				2 31	
		Conditions, if any, which gove rise to immediate	(b)_		-01/0	ESTient 0	65 TRuc +	ion.	-30%	>
3		cause (o), stating the underlying couse last.	DUE TO, O	R AS A CONSEQUE	NCE OF					
3	- 34		(6)	0.1700017010170	FATURIT	NOT DELATED TO THE TERM	NAME OF STREET OF STREET	DITION CRIEN	LINI DA DE N	
	NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS C	ONTRIBUTING TO L	JEA (H BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART TO	
3	CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS USED	
55	TIF		1				YES NO	YES	□ NO □	_
7	GE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	110110 1	OF INJURY	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	(1 OR PART 2)	
7	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.	м.	19					
3	MEDICAL	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY 5	TATE
		AT WORK AT WORK			1.1		11/ 5			
8		220.1 certify that (1) (this hospit sow the deceased alive on	1 1 100 00	ne deceased from	241	nd that in (my) (our) opinion of			that (I) (v	we) lost
4		obove, (I) (we) (did) (did not) view the body	ofter deoth.		DEGREE	Death accorred on the ac	ore one neur o	22c, DATE SIGNED	red
*	1	S S	i c =	4	n		MEDICAL STAI		112982	
1		22d. PHYSICIAN'S NAME TTYPE OF		F - 10 11		22e ADDRESS				
		EDUAR	- 4.	LEVIN		8530 E	E HTOM S	1.		
		BURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION		COUNTY	TATE
		Burial	Dec.2			VID MEM. GDN.			RFAX:VIRG	INIA
32	24 FU	INERAL DIRECTOR DANZANS	SKY-GOL	DB ERG MEM	ORIAL	CHAPELS 250. DATE	E REC'D. BY REGISTRAN	7. REGISTRA	2. Cohelf	
	1	170 Rockville P	ike; Ro	ckville,	Maryl	and 20852 UE	3 1982	- we	7. 4.4.4.4	

BP. DHMH - 16 50M 4/B2

(VRA 15, 4)



oth. Page 4 may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	2	2	9	1	1
CERTIFICATE OF DEATH		DEC NO				

1.	- STATE REGISTRAR				CERTI	FICATE OF DE	ATH	REG. N	Ю.		
	CEASED NAME	FIRST	-	MIDDLE		LAST		26. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
1710	CAPRINIT	Gur		V	1	MICOS	3		11-3	04-82	3:15
3. SE	х		RACE		5. DATE	OF BIRTH	VEAR	6 AGE (IN YEARS LAST BI		FUNDER I YEAR	IF UNDER 24 HRS
	Male		Whi	te		t. 10, 1	1891	91	YRS.		
	IRTHPLACE STATE O	R FOREIGN	76. CITIZEN OF	WHAT COL	JNTRY? 8.	ED NEVER M.	ARRIED	9 BALTIMORE CITY	R COUNTY C	OF DEATH	
	shington,	DC	USA	1	WIDOW		ORCED	Mont	700	Nexy	MD.
	ITY OR TOWN OF DI				NURSING HOME	OR OTHER INSTI	IUTION	126 USUAL OCCUPAT		126 KIND O	F BUSINESS OR
3	ilver So	rina	Holi	CK	055	soital		Plumber	n nound the		
USU 13e	AL RESIDENCE (IF NO	RSING HOME OR	OTHER INSTITUTION	THE RESIDEN	ICE BEFORE ADMISSION	1 13d. INSIDE CIT	Y HAAITS?	13e. STREET ADDRESS		Engine	er Co.
LI C	aryland		gomery		er Spring		NO 🗆	8300 Grove	Street	t, 209	10
14. F	ATHER'S NAME		WIDDLE		AST	15 MOTHER'S	MAIDEN NA	ME MIDDLE		LAST	
18	Eugene		NIDDLE		Lucas		argare			Og.	
	WAS DECEASED EVE				AL SECURITY NO.	17 INFORMAN		ADDR	ESS	1111	20910
(YES NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	579-2	24-3891	Daniel 3	Lee-	-Friend-749	Thayer	r Ave.	S.S. M
	18 CAUSE OF DEA	TH (Enter on	v one couse per	line for (a)	(b) and (c)					APPROXI	MATE INTERVAL
	PART I. DEATH	WAS CAUSE	D BY:			SPIRATON	Y Air	CREST		-	
	4760	IMMEDIAI	E CAUSE (o)								
	Caralleina is	1.1	DUE TO, O	R AS A CO	NSEQUENCE OF	NIC CRET	DUCTIV	E LUNG D	SEASE	YEA	HES
	Conditions, if on gove rise to in	nmediate	1700-	3644	cice cities		LUCCITY	e ca.e	70.70		
ш	underlying cou		DE 10, 0		MSEQUENCE OF	Λ				1712	
	2.07.0.071150.51		(c)				0.7115.75011	N	DITION OUE	NI (NI DADT)	
Z	PLETA!		TELLICIONS CO		ONG STIV			LURE HY	OTHYR		
CERTIFICATION	19a DATE OF OPER	-11-	19h COND		WHICH OPERATION			286 AUTOPSY?		WERE FINDIN	
FIC.	The DATE OF CITE		17.0 CO.1.0	111011101	THE TOTAL		,,,,,			ING CAUSES	
ERT	216. ACCIDENT WAS U	NDERLYING T	216. TIME C	E IN IURY		Tair HOW IN I	URY OCCURE	YES NO NO NO NET		RT I OR PART 2)	NO []
	OR CONTRIBUTING			M. MON	TH DAY YEAR		on occom	(ENTERNATIONE OF INT)	N. H. W. Litt. I. G. J. A.		
MEDICAL	(IF EITHER NOTIFY ME		21e. PLACE	M.	19	211 LOCATIO	N	-			
MEE	WHILE AND IN				OFFICE, FARM, ETC)	STREET	-	CITY OR TO	NWC	COUNTY	STATE
	AT WORK AT W	ORK -				1	20.55		-11		
	22s 1 certify that			11 23	0.0		, 19_34	. 10	74 , 19		that (I) (we) lost
		sed olive on	t) view the body				our) opinion	death occurred on the c	ate and hour		
	226. SIGNATURE	110	17()			DEGREE	TENDINO	AMERICAL STA	ee	22c. DAIE	
	Line South	Yours	NAV	w	1		TENDING HYSICIAN	MEDICAL STA	CIAN	11/2	4/82
	22d PHYSICIAN'S	VAME ITYPE	R PRINT)		7	228 ADDRESS	1106	SPRING .	ST.	1	
	ARNO	LA G	· LEVY	1	WD		SILV	ER SPRING	MD.	, 209	10
	BURIAL, CREMATION		236. DATE		23c NAME OF	CEMETERY OR C	REMATORY	23d. LOCATION	1	COUNTY	
	(SPECIFY) Bur:	ial	11-29-	-1982	Rock Ci	reek Ceme	eterv	Washingt	on, DC	COUNTY	STATE
	UNERAL DIRECTOR			1180	00 N.H. A	Avenue	250. DAT	E REC'D. BY REGISTRA	REGISTR	AR'S SIGNAT	URE
Hi	nes/Rinalo	di Fune	eral Hor	ne	DDRESS	1 1/1	UEL	1 - 1987	126	2. Cal	1114

Silver Spring, Md.

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumotic event, the medical expo

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter

retained by the haspital or attending physician.

	The state of the s			
400 111	Lasu.	1	100	
	10, 1001 01	de0(
brabdess va	don't a	April April	Ol manufale	
DARGE JOSES SOOT	x 8300 0z	gmlrq" raville y	aryland Montgomer	
0:16	1015,163			
Preference and a second				
	Marie Control	20-1002 Shell 1200 11000 Shell 1200 2000 Shell Shell	-11 tetry con/Manifi Funeral	

ending physicion and campletely filled in by the furnish corban papers. Pages 1 and 2 should be filled within 72

1	FOR		DEDADTA		E OF MARYLAND EALTH AND MENTAL HYG	IENE 8 2	3	9 /	1 8
1-	STATE REGISTRAR		DEFARIA		ICATE OF DEATH	REG. N	0		
	CEASED NAME FIRST		MIDDLE	Li	HEWITES			DAY YEAR	26. HOUR
(ITPE	Gertn	ule.		Lu	Mues		11/2	5/82	V400€
3. SE>		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	Car	uc.	Sep	t. 5, 1896	86	YRS.	52.5	NOUNS IMP
C	IRTHPLACE (STATE OR FOREIGN COUNTRY) Germany	75. CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	Montgomery			
Re	ockville	5 hA	HEACILITY, GIVE STREET	ue R	eventist Hosp.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bookeeper Ret.			
130. S		NOTHER INSTITUTION. NTY Int.	GIVE RESIDENCE BEFORE 131. CITY OR TOW Bethesd	ADMISSION) N	13d. INSIDE CITY LIMITS? YES TO	130. STREET ADDRESS 4601 Slea	ford I	Rd.	
	ATHER'S NAME Karl Steinborn	WIDDLE	LAST		15. MOTHER'S MAIDEN NAME Wilhelmin	a von Ahls	en	LAS	T
160. W	MAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? VE WAR OR DATES)	156-24-1		17. INFORMANT Rev. Richar	ADDR	Exec.	Direo Luther	
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM		DITION GIVE	EN IN PART 100	GS USED	
	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		F INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	YES NO DE	YES		но 🗆
WEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.	M.	19					
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STR	OF INJURY REEL FACTORY OFFICE, F	120 20 2	211. LOCATION STREET	CITY OR TO		COUNTY	STATE
	220.1 certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did/(did no 22b. SIGNATURE	Nov. 2	5. 198	0	that in (my) (our) opinion	, 10	ate and hour		
	22d PHYSICIAN'S NAME LIVE	LANCE OR PRINTS	Ubol	De la	DATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC		Nov.	26, 1
	Thomas E.	Doo	ley		2901 Olney-S	andy Spring	s Rd.	Olney.	Md.
{	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	Nov. 2	6,1 9 82 Ce		EMETERY OR CREMATORY [ill Crematory	23d LOCATION Suitland	l, Mar	vland	STATE
	UNERAL DIRECTOR Hyson, NAME 300 N St. NW W				DE C	E REC'D. BY REGISTRAP	Sh (EGISTI	ys John	wife.

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicia

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

MPORTANT: If them 21 is morked or them 18 shows any injury, or other traumatic event, the should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

. 1111111 LIFE PARTY BOIL cool mesed in the Santoke bundon was 12 di vuite de sentre d'uniterante Ille 2.5 ACT SI NEW AND A TELL TELL

CTATE	OF	MARYLAND
SIMIC	UL	MAKILAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8 2

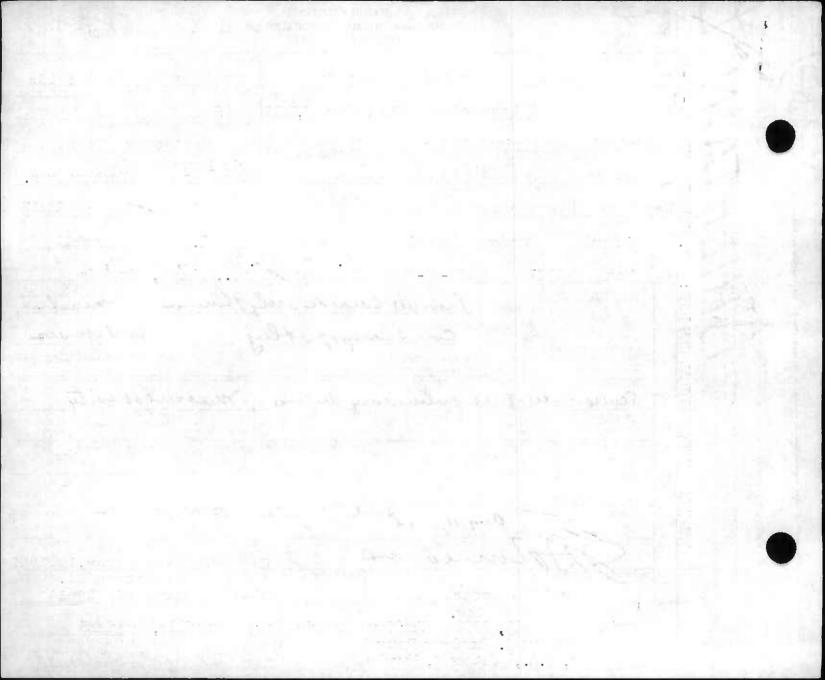
29/19

		- STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.	Grap	-	
82		CEASED NAME E OR PRINT)	FIRST	,	WIDDLE	l	ASY	20. DATE OF D	DEATH MO	ONTH	DAY YEAR	2b. HOUR
6	100		James	s Dı	ırward	Lu	ımpkin		mber		1982	9:15a M
H	3. SE.	×	100	4 RACE		5 DATE C		6 AGE (IN YEA	URS LAST BIRTHE	DAY)	MONTHS DAYS	IF UNDER 24 HRS
11		Male	2	Cauca	asian		ember 27,1917	65		YRS.	. DATE	MIN.
щ		IRTHPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE MARRIE	D NEVER MARRIED	9 BALTIMOR	E CITY OR	COUNTY	OF DEATH	
L		Maryland		United	States	WIDOWE]	Monts	gome	ry Cou	inty, MD
MA	10 C	ITY OF TOWN OF D	EATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12g USUAL O	CCUPATION	V		F BUSINESS OR
2	16	Betheso	-	6414	Tisdal	e Ter	race	Stone	Mason		Kettle	r Bros.
CI		AL RESIDENCE (IF NU	R OUN	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET AL	DDDESS			
A	Ma	ryland	Mont	tgomery			YESXX NO			ale '	Terrace	20817
FR	14. F.A	ATHER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN NA		MIDDLE			
		Richard		Murphy	Lumpki	n	Lenna		E.	14.0	Westf	a11
DR		WAS DECEASED EVE		MED FORCES?	16b. SOCIAL SECU	JRITY NO.	Mr. Raymond	M. Lump	kin.	Brot	her.	Et
		Yes	WWI	I	579-01-9	9886	2415 Luckett	Ave.	Vienn	a. V	irginia	
R:		18 CAUSE OF DEA	TH (Enter on	y one couse per	line fy (0), (b), or			1 . 0				MATE INTERVAL ONSET AND DEATH
		PART I. DEATH		E CAUSE (o)	Troval	u c	adioe aut	y The	wa	٠	min	mile
\mathbb{Z}		425	4	DUE TO, OF	R AS A CONSEQU	ENCE OF	10				1.1.	
EXAMINER	-81	Conditions, if on gove rise to in	y, which	((b)	Car	dios	mysporte	4		80	was Ge	ais
		couse lat, stot	ing the	DUE TO, OF	R AS A CONSEOU	ENCE OF	0 /	0				
A		underlying cou	se lost	((c)_								100
EDICAL	7	PART 2 OTHER SIG	GNIFICANTO	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	4		9	EN IN PART THE	2/_
	CERTIFICATION	Levere	reste	ichus	2 pulu	una	y des come	-1-	use	, ,	vesil	4
\mathbf{Z}	ICA	190 DATE OF OPER	ATION	196 CONDI	TIOM FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOP			YING CAUSES	
里	RTIF					2.12			NOIX	YE		NO 🗌
-		210. ACCIDENT WAS U	-	1 HOUR A.	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATU	RE OF INJURY I	N ITEM 18 P	ART 1 OR PART 2)	
BY	CAL	(IF EITHER NOTIFY ME		P./		19						
O	MEDICAL	21d. INJURY OCCU		21e PLACE (OF INJURY	FARM ETC)	211. LOCATION STREET		CITY OR TOWN		COUNTY	STATE
SE	~	AT WORK AT W	ORK									
RELEASED	0.0	22a.1 certify that (l) (this beapti	al, ottended the	deceased from_	Jus	e 18 19 76	to	-0V. 1	19,	19 82	that (I) (we) last
E		sow the deced	sed alive on did not	view the body	19 after death	, ar	nd that in (my) (per) opinion o	deoth occurred	on the dote	ond hou	r and from the	couses stoted
K	19	226. SIGNATURE	2	61	- 12		DEGREE	4.1			22c. DATE	SIGNED
	- 1	A	X 1 //	un	rev	ma	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	N	Nov.	19,198
		22d PHYSICHN'S	I MAN	(MH)HI)			22e ADDRESS 104	01 01	d Geo	rge	town R	d.
		Jo	seph	A. Ron	neo, M.	D.		hesda				814
	23a. B	BURIAL, CREMATION				NAME OF C	EMETERY OR CREMATORY	23d LOCAT	ION			
	(Burial		22, 19		rk1aw	n Memorial Pa	rk Roc	kvi11	e. M	aryland	STATE
	24 FU	UNERAL DIRECTOR	Rober		mphrey F				GISTRAR 251	IST	RAR'S SIGNAT	URE
		Home			hesda. M			1 4 9 19	82 1	you a	~2 C	will
						-					100	

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as the bur with the State Dept. of Health and Me IMPORTANT: If Hem 21 is marked only

TO FUNERAL DIRECTOR.



20M 4/82

1.	FOR STATE REGISTRAR		PARTMENT OF HEALT	MARYLAND H AND MENTAL HYO CERTIFICATE OF	0 6	29	20
	DECEASED NAME FIR	Helena	AIDDLE	LYZES	20 DATE KNOWN OF ESTI DEATH MATED	WOULF,	19 6 2 19 19 19 19 19 19 19 19 19 19 19 19 19
	EX F 13/k	June 10, 1	YEAR LAST BIRTHDAY) MON	THE DAYS HOURS N	HRS 20 DATE PRONOUNCED DEAD	VEN, P	2 P 2 5
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		MAR WIDO	RIED INEVER MARRIED	1111	OR COUNTY OF	mery MI
9 10.	Olney	11, NAME OF HOSPIT	TAL, NURSING HOME, OR OT TY GIVE STREET ADDRESS)	HER INSTITUTION II	TO USUAL OCCUPATION (1) FOR MOST OF WORKING LIFE) Housewife	C	OR INDUSTRY
	UAL RESIDENCE (IF IN HORSING IN STATE	OUNTY COME OR OTHER INSTITUTION, GIVE R	ESIDENCE BEFORE ADMISSION) 13 CITY OR TOWN 2 m 3 C wy	E An	Se. STREET ADDRESS	Iley B	xkTex
() II.	FATHER'S NAME FIRST Henry	MIDDLE	Genues 20872	15 MOTHER'S MAIDEN FIRST Lilli	MIDDLE		iast Sey
160.	(YES, NO OR UNKNOWN) (IF YES	S. ARMED FORCES? i, GIVE WAR OR DATES)	212-54-5596	John F. L	yles, Sr.,	Item 1	13
20		which diote (b) DUE TO, OR AS	A CONSEQUENCE OF A CONSEQUENCE OF NOT RELATED TO THE TERMINAL DISE	ISE OR CONDITION GIVEN IN PART I	(0)		
SERTIFICATION	190 DATE OF OPERATION		ON FOR WHICH OPERATION	WAS PERFORMED?		20	AUTOPSY?
MEDICAL CERT	210 EXTERNAL CAUSE WAS	HOUR A.M. A	MONTH DAY YEAR		ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
MFD	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF STREET, FACTOR		OCATION STREET	CITY OR TOWN	COUNTY	STATE
2		charge of the remains descri Natural causes A John S. Roge	ccident , Suicide	Homicide TITLE (SPECIFY)	Undetermined monner _MEDICAL EXAMINER ver Spring, 1		(eU,K, 198
	URIAL, CREMATION, REMOVE (SPECIFY) Burial	Nov. 11, 1982	2 73t. NAME OF CEMETERY Friendship	Meth.		county	
24.	FUNERAL DIRECTOR NAMOLIN L. Mo	lesworth, ADDRESS. A	., Damascus,	Md. Post Per	1 2 1982	GISTRAR'S SIGNA	hulf

- 1050 , 212-12-1200 agas 2. 1500, 15., 591 15 Aller of the Control of the Be emerged and compression of the FOR - STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8 2

9/2

	REGISTRAR				CER	IFICATE OF D	EAIN	REG. NO).		
	ASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
TITLE	R PRINT)	Elizab	eth	A	Maher	•		November	24.	1982	8:00AM
3. SEX	1213		RACE	***	5. DA1	E OF BIRTH		4. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	
1	FEmale	1	White		July	7 9, 1943	YEAR	39	YRS.	MONTHS DAYS	HOURS MIN.
Mas	THPLACE (STATE OF	R FOREIGN 76	CITIZEN OF		MAR	RIED NEVER A	ARRIED -	Montgome	•	Y OF DEATH	MD.
01	or town of d		Montgo	omery	NURSING HOME STREET ADDRESS) V General	al Hos	100	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIT	ON WORKING L		OF BUSINESS OR
13a. ST	RESIDENCE (IF NO ATE)	No COUNTY	4		OR TOWN KSVILLE	13d. INSIDE C	NO TO	1438 ADDRESS	y Roa	d 21	.029
1	HER'S NAME FIRST Edward		aher		LAST	Ros		MIDDLE		£A.	ST
16a. W.A (YES	AS DECEASED EVE S. NO UNKNOWN)	(IF YES, GIVE V		16b. SOCI	AL SECURITY NO	Michael				Rd. Cla	eksville
	8. CAUSE OF DEA PART I. DEATH 2500 Conditions, if an gave rise to it cause (a), stat underlying cau	WAS CAUSED IMMEDIATE By, which mediate ting the	BY: CAUSE (o) DUE TO, O	RASA CO		ION , UR	Emili Wely Cien	*\$c s ^c }			KIMAYE INTERVAL ONSEI AND DEATH
NO.	PART 2. OTHER SIG		196 COND ARTE	ITION FOR	WHICH OPERA	TION WAS PERFO		200 AUTOPSY? YES NO	20b. IF YE	S, WERE FINDI	NGS USED
13	21a. ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER, NOTIFY ME	CAUSE OF DEATH DICALEXAMINER)	P.	M. MON		AR 9		RED (ENTER NATURE OF INJUR	8 Mati Mi	PART 1 OR PART 2)	
-	TIE NOT NOT WORK AT W	WHILE	21e. PLACE (AT HOME, STI		, OFFICE, FARM, ETC	211 LOCATIO STREET	N	CITY OR TOV	γN	COUNTY	STATE
	220. I certify that saw the dece abave (1) we) 22b. SIGNATURE	did (did not)	view the body	24	19 92	DEGREE	(pur) apinian TTENDING PHYSICIAN	death accurred on the do	F	ur and fram the	that (I) (we) last causes stated ESIGNED
23a. BU	IRIAL, CREMATION	yn,	THEASO.	J	227,	5324°	TEN	I234 LOCATION	1	LANCICSUIL	
Bur	ial		Nov 27	, 198				Clarksvi	lle,	Howard	, Md.

4112 Columbia PRA Ellicott City VOV 29 1982

DHMH - 16 50M 4/82 (VRA 15, 4) 24. FUNERAL DIRECTOR
Harry H Witzke

TO FLINERAL DIRECTOR whould be detoched for u with the State Dept of His WPORTANT. If hem 21 is

Canta that a latter with the state of the st Therefore Theref

nding physicion and completely filled in by the funeral div corbanpapers. Pages 1 and 2 should be filed within 72 hou

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

29/22

To FOR STATE REGISTRAR			DEPARTA		HEALTH AND	MENTAL HYG DEATH	SIENE 3	REG. NO) (1 /	2	6
DECEASED NAME	FIRST		WIDDLE		LAST	<u> </u>	20. DATE O	FDEATH	MONIH	DAY	YEAR	26 HOU	JR
(THE OR PRINT)	Louis		C.		Maier	?]	Vov	1	82	4: 45	A.
sex male		4 RACE Cauc	•	Ju.	Ly of C	1886	6 AGE (IN)	EARS LAST BIRT	HDAY)	IF UNI	DER 1 YEAR	IF UNDER	MIN.
o. BIRTHPLACE (STATE COUNTY OF YOUR YEAR)	ork	7b. CITIZEN OF WHAT COUNTRY? . USA		MARRIE	MARRIED ☐ NEVER MARRIED ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery			MD		
Rockville		Rockv	OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION					LIFE T 12	b. KIND C IDUSTRY rema	of Busine an			
JSUAL RESIDENCE 118 30 STATE Maryland	13b COUN		GIVE RESIDENCE BEFORE 130. CITY OR TOW Bethesd	N	YES X	NO 🗌		ADDRESS 32 Sing	gleto	n Co	ourt	2081	7
FATHER'S NAME Adolph Middle Ma			Maier			's MAIDEN NA hristina		WIDOFE		Unk	nowr	1	
(YES. NO OR UNKNOWN		MED FORCES?	160 20		A Rob	ert L.	Maier	same		3 e			
18 CAUSE OF D PART I. DE AT	TH WAS CAUSE	nly one couse per D BY: TE CAUSE (o)	line for (a), (b) and cardia	c ar	rest							mate inter onset and stan	
Canditions, if gave rise ta	O any, which		r as a constout Cardio			ory fa							
underlying c		DUE TO, O	R AS ACCUSE ON E	D=SC.	lerot:	ic hea	rt di	sease	•		20	yrs	J
PART 2 OTHER	SIGNIFICANT C		ructive					E OR CONE	ITION G	IVEN IN	PART 1	0	
19a. DATE OF OP	ERATION		ITION FOR WHICH				20a AUTO	NO X	IN CERT	ES, WER	RE FINDING CAUSES	OF DEAT	H?
OR CONTENUELIZATION			M. MONTH DA	YEAR	21c. HOW IF	NJURY OCCURE	RED (ENTER NA	TURE OF INJUR	Y IN ITEM 18	PARTIO	RPART 2)	1	
OR CONTRIBUTING CALES OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET 21f LOCATION STREET						CITY OR TOV	VN	C	OUNTY	5	TATE		
		tol) ottended the 23 Se	e deceased from 19 8		NOV nd that in (ay	19 79 (our) opinion (NOV d on the da	te ond ho	., 19. <mark>8</mark>		that (I) (v	ve) lost ated
22b. SIGNATURE	De	4/2	Vince T	w	DEGREE	ATTENDING PHYSICIAN	MEDICAL	STAF	F IAN 🗌	2	22c. DATE	SIGNED	82
John John	M. Wym	an			780 ADDRE	55	olk A			sda	M	aryl	and

230. BURIAL, CREMATION, REMOVAL Burial

23c. NAME OF CEMETERY OR CREMATORY Acacia Park Cemetery

Buffalo

7801 Norfolk Ave Bethesda, Maryland

²⁴ FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville Maryland 20852

23b. DATE 11/5/82

New York

DHMH - 16 50M 1/BJ (VRA 15, 4)

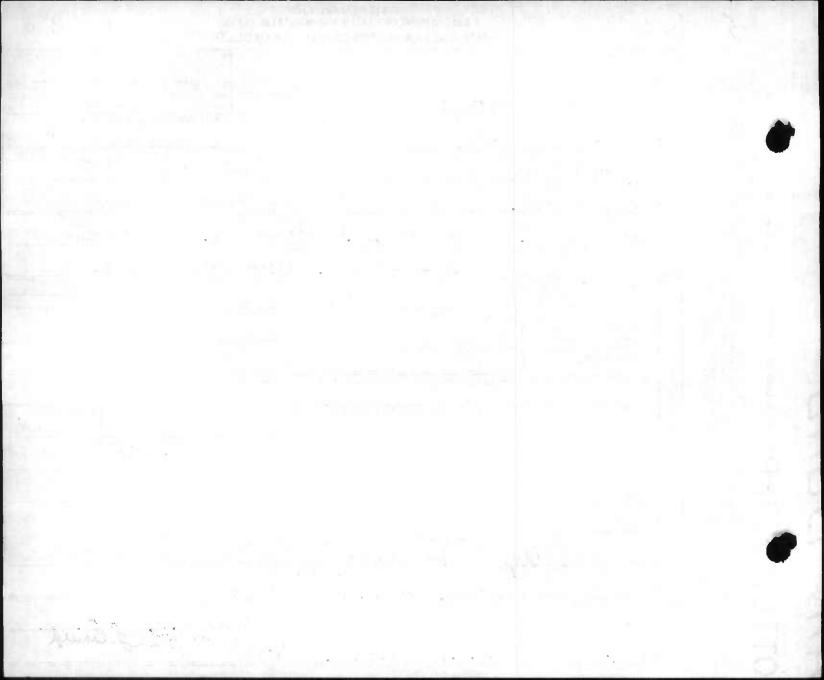
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician for use as the buriol-transit permit. Then please remove a of Health and Mental Hygiene prior to buriol, cremation.

MPORTANT: If them 21 is marked or Item 18

nould be detoched for ith the Stote Dept. of H

CALL SUS T VOU paoren management .vesteni cardio-respiratory isliume e = ers for seasaahb orsen bijoreles=outstra SE vell 1 Ansignation ave settlessie, sports DENTA WITH MINE SEE SEE SEEDE



6	25
-	52 / W
1	EK 78
- 1	5 1 1
- 2	7 3
-	11 /5
5	F 1 (9)
9	11
- 95	370
	110
+	1 P
	43 N
- 2	50/3
2	20 3
- 6	5 8
- 2	57 0
4	985 €
9	2291
1	0014
0	最もる 著
- 5	9911
-6	10 01
- 2	235 5
- 5	of the
#	TO FUNERAL DIRECTOR. After this certificate loss been righted by the attending physicon and completely filled in by the funeral direct should be detached for use on the burish hearth germit. Their please relition supering pages, I and 2 should be field within 72 hours with the State Dept. of Health and Mendal Mygram prior to burish, certifician, as rambool. [MPDRIAM] If their 21 is marked at them 18 shows any injury, or other trounds it event, the empticipant marked on the process.
2	1118
9	1222
2	2 - 9 -
6	0 1 6 8
20	201 3/
- 5	もの見る
34	1117
Up	F 3 5 E
5 4	-34 7
6.5	£ 2 2 7
2.5	4 0 4
8 6	A = 0 F
Z z	8 2 =
5.0	0-00
ar 2	8 4 4 4
0.2	0 50 =
5 3	3855.
10.0	9 8 9 7
P 8	교육투명
0.5	027 5
7.7	
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Pogn	
DHMH.	16 50M 1/81
CAR	(A 10, A)

		FOR			DEPAR		E OF MARYLAND LEALTH AND MENTAL	HACIENE	8 2	2	9 7	2 4
ļ	1 -	STATE REGISTRAR			221 741		ICATE OF DEATH	LIIIOILNE	REG. N	0.		
	1. DEC	OR PRINT)	FIRST	1	WIDDLE	1 001	AST V	20. D	ATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
ł	1 SEX	111H	2 1	RACE r	- 1111	A KOT	DE BIRTH	6. AG	E (IN YEARS LAST BIR	11- B	UNDERTYEAR	F,15 M
	, OL	Female	6	E	White	Jan.			5	YRS	ONTHS DAYS	HOURS MIN.
1	C	RTHPLACE (STATE OR F	OREIGN 7b	CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9 BA	LTIMORE CITY C		OF DEATH	- / /
	_	aly	711	U.S.A.	100000000000000000000000000000000000000	WIDOWE	DIVORCED		10107	501	2156	24 MD.
7	3	1102 SP	IN	NE NOTE IN SUE	HEACILITY, GIVENERE	PODRESS C	OR OTHER INSTITUTION	A / [TYPE	OF WORK FOR MOST C		12b. KIND OI INDUSTRY	
p	JSU A	AL RESIDENCE (IF NURS	NG HOME OR OT	HER INSTITUTION,	GVENESIDENCE BEFO		A TIGOTOG		pervisor		Subwil	ban Bank
7		uland	-	Geo.	Riverda		YES X NO		TREET ADDRESS	d Avenu	ie :	20840
0		THER'S NAME	MID	DDIE	LAST		15. MOTHER'S MAIDE		MIDDLE		LAST	
2		Nicholas			Silvest		Elizat			Uni	rnown	
į	(1	VAS DECEASED EVER	(IF YES, GIVE W		16b SOCIAL SEC			Daughte		5412		Avenue
Ì	N	0			213-38-		Frances M.	Silv	<u>ia Lan</u>	ham, Mo		
		PART I. DEATH W	AS CAUSED E IMMEDIATE (3Y:	Acut	e Leu	KemiA					mate interval onset and death cath
	3	2080			R AS A CONSEO	UENCE OF	~ 1 1 1	11	1		1	Н
	100	Canditions, if any, which gave rise to immediate (b) Subdural Aema To Ma							/ mo	1/h		
		cause (a), statin underlying cause	g the fast	DUE TO, OF	R AS A CONSEO	UENCE OF						
	-	PART 2. OTHER SIGN	HEICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINALD	ISEASE OR CON	DITION GIVE	V IN PART 110	
	TION									94 E E C		
	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	1	AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DEATH?
	ERT	21a. ACCIDENT WAS UND	ERLYING	21b. TIME O	FINJURY		21c. HOW INJURY OC		NTER NATURE OF INJUI	YES		NO 🗌
	100	OR CONTRIBUTING C		HOUR A.		DAY YEAR						
	MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY		21f. LOCATION		CITY OR TO	MAN	COUNTY	STATE
	2	WHILE NOT WHE	K	(A) HOME STR	EET, FACTORY, OFFICE	, FARM, ETC.)	SINCE		CITTORTO	WIN	COUNTY	STATE
		22a. I certify that (I) saw the decease above, (I) (we) (d	d olive on	NOV !	19_		nd that in (my) (aur) op	inian death a	Nev occurred on the do		82 , t	hat (I) (we) last
		27b. SIGNATURE	ia) (dia ilai) v	LZ.	offer deoffi.		DEGREE ATTENDIT		DICAL STAF		22c. DATE S	
		22d PHYSICIAN'S NA	MF (1VPF/OR PE	10	an	14	PHYSICIA 122e ADDRESS		CTOR PHYSIC		11/9	1/85
		HARVEY	VK,	ATZE	N	43	6525	Bel	crest.	Rd	Hatter	1/2 Ml
	23a BI	URIAL, CREMATION, I	REMOVAL	23b. DATE			EMETERY OR CREMATO		LOCATION CITY OR TOWN		COUNTY	STATE
1.54	24 FII	Burial NERAL DIRECTOR -		Nov.12	1982 F	ort Li	ncoln Cemet	tery 1	Brentwood D. BY REGISTRAR		Geo.	Md.
		NERAL DIRECTOR FA			LINS ADDRESS	Contries		NOV 1	5 1982	John	AL SIGNAL	shelf
1	50	O Universi	ALL DEL	Man Wa.	Silver	Sprin	a. Md.	1101	2 1000	(/	•	

STEET STATE TO STATE OF THE STA = / / Francia The state of the second of the NOV 15 1482 S. Co. & Chicago

{ TYPE	CEASED NAME FIRST	NMN	Marcus	20. DATE OF DEATH MONTH DAY YEAR 20 HC
3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDI
	Male	White	Apr. 6 1919	
7	IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	
	YORK		WIDOWED DIVORCED L	170. USUAL OCCUPATION 175, KIND OF BUSIN
	llver Spring		ss Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Attorney Patent
3a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	INTY 136 CITY OF	RTOWN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS
	Mont	tgomeryl Chev	TY Chase YES W NO [18411 Spencer Court 20
d	Maurice	MIDDLE LAS		MIDDLE
	VAS DECEASED EVER IN U.S. A		L SECURITY NO 17. INFORMANT	8411 Spencer Ct.
3	No		3-5314 Sarah Marc	cus Chevy Chase, Md.
13	Conditions, if ony, which gave rise to immediate	(b)	SEOUENCE OF	
B		DUE TO, OR AS A CON:		
on Su	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON	SEOUENCE OF	MINAL DISEASE OR CONDITION GIVEN IN PART 110
TIFICATION	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON:	SEOUENCE OF	200 AUTOPSY? 200 IF YES, WERE FINDINGS USIN CERTIFYING CAUSES OF DEA
AL SERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDEN WAS UNDERLYING CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONSIGNATION OF THE CONDITION FOR WARREST THE OF INJURY HOUR A.M. MONTH	SEQUENCE OF G TO DEATH BUT NOT RELATED TO THE TER WHICH OPERATION WAS PERFORMED THE ARTHUR FOR SERVING A STATE OF THE SERVING A STATE	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USI
118	gave rise to immediate cause Ical, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDEN WAS UNDERLYING	DUE TO, OR AS A CONSTITUTION FOR WARD TO THE TOTAL THE T	SEQUENCE OF G TO DEATH BUT NOT RELATED TO THE TER WHICH OPERATION WAS PERFORMED TOP ATTUMITY SOLUTION 19 711 LOCATION	200 AUTOPSY? 206 IF YES, WERE FINDINGS USIN CERTIFYING CAUSES OF DEA YES NO NO NO RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
MEDICAL GERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFE EITHER NOTIFY MEDICAL EXAMINATION	DUE TO, OR AS A CONSIGNATION TO THE CONDITIONS CONTRIBUTION FOR WARREN THE CONTRIBUTION FOR WARREN P.M. MONTHER)	SEQUENCE OF G TO DEATH BUT NOT RELATED TO THE TER WHICH OPERATION WAS PERFORMED TOP ATTUMITY SOLUTION 19 711 LOCATION	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USI
118	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE NOT WHILE AT WORK AT WORK SOW the deceased alive as sow the deceased olive as	DUE TO, OR AS A CONSIDER TO THE TOP TO THE TO THE TOP T	SEQUENCE OF G TO DEATH BUT NOT RELATED TO THE TER WHICH OPERATION WAS PERFORMED TO AUTHOR 21c. HOW INJURY OCCU H DAY YEAR 19 21f. HOW INJURY OCCU STREET TO M. 19 4	200 AUTOPSY? 206 IF YES, WERE FINDINGS USIN CERTIFYING CAUSES OF DEA YES NO NO NO RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
118	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE NOT WHILE AT WORK AT WORK SOW the deceased alive as sow the deceased olive as	DUE TO, OR AS A CONSIGNATION OF THE PLACE OF INJURY (AT HOME STREET, FACTORY, CONTO) of the deceased of the polyment of the po	SEQUENCE OF G TO DEATH BUT NOT RELATED TO THE TER WHICH OPERATION WAS PERFORMED THE ARMINIST STREET 19 21c. HOW INJURY OCCU PRICE, FARM, ETC.) 21f. LOCATION STREET 19 DEGREE ATTENDING	200 AUTOPSY? 200 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES NO NO RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

Inc. Silver Spring

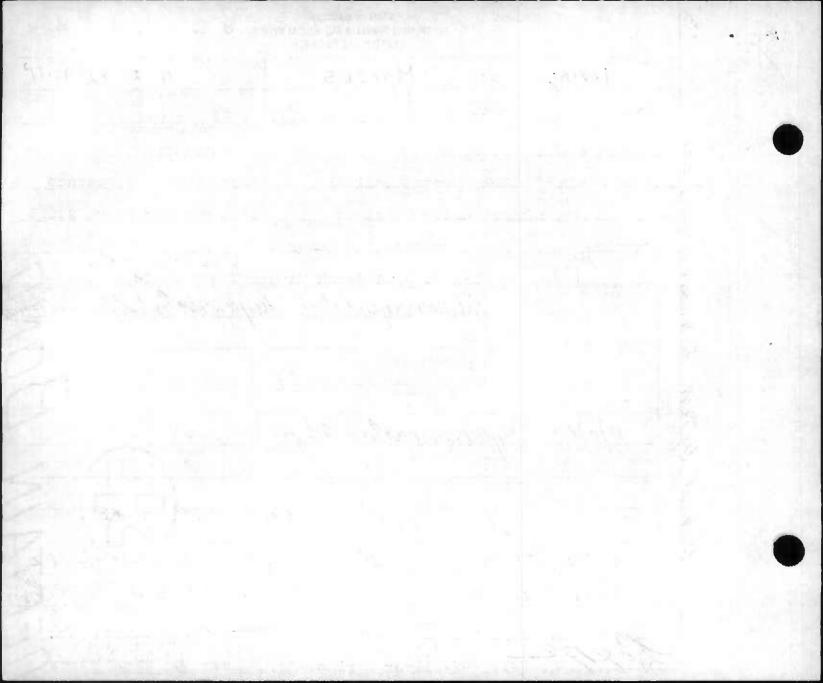
6 1982

DHMH - 16 50M 1/B1 (VRA 15, 4)

Pumphrey

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.



2a DATE OF DEATH MONTH (TYPE OF PRINT) EVA ARGESON 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) July 8, 1889 female caucasian 83 BIRTHPLACE (STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D.C. Montgomery WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL. NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE) Rockville National Lutheran Home MARYLAND 21201 U.S.Govt. Employee SUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS D.C. Washington 3726 Conn. YES X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE K. Thomas Davis Martha BALTIMORE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579-60-8385 T Rev.Richard Reichard 9701 Veirs Dr.Rockvill 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 0 CERTIFICATION prior VUO 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? e d NOX Mentol Hygie 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING _ CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 20 21d INJURY OCCURRED 21e PLACE OF IN ILLRY 211 LOCATION STREET CITY OF TOWN AT HOME, STREET FACTORY OFFICE FARM ETC.) WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this hospital) attended the deceased from saw the deceosed alive on Nov. 5 abave, (1) (merchid) (did nat) view the bady ofter death. Dept. DEGREE

MIDDLE

FOR

- STATE

REGISTRAR

DECEASED NAME

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

26. HOUR

125 KIND OF BUSINESS OR

N.W.

Md.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO M

Clements

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

IF UNDER 1 YEAR

County.

Ave.

50

BP DHMH - 16 50M 1/81 (VRA 15, 4)

4

Burial

hould be deta

24 FUNERAL DIRECTOR The Hysong Company 1300 Nost.N.W. Wash.D.C.

Nov.10,1982

Arlington National Cemetery, Arlington, Virginia

MEDICAL

DIRECTOR PHYSICIAN

ATTENDING

PHYSICIAN

22e ADDRESS

22c. DATE SIGNED

white tot, it is a second of the second of t Services . Tracks. C. C. Services projection less that it is a live or Taken and once on a morning. all and remon. to our lat. I To remote wanter . was the draw - - - - - - -Booker appeal and the second and the form the second of the second Life IT THE WAY O SEEDE Every March

2000	1 - STATE REGIS
(IAI)	1. DECEASED

STATE OF MARYLAND CERTIFICATE OF DEATH

N A	63
2	2

KEGIGIKAN								EG, NO.				
1. DECEASED NAME (TIPE CHIRINI)			WIDDLE		LAST		20. DATE OF DE	ATH MON	TH DAY	YEAR	26. HOL	J.O
11/22-11	Harold		Ce	Mar	rkward, S	r.		1	1-23	-82	14.	. A M
3. SEX		RACE			OF BIRTH		6. AGE (IN YEARS	LAST BIRTHDAY	() IF U	NDER I YEAR		R 24 HRS
Male		White		Jun	e 9, 190	9 YEAR	73		YRS.	HS DAYS	HOURS	MIN.
TE BIRTHPLACE IN	ATE OF FOREIGN	b. CITIZEN OF	WHAT COUNTRY	8.	827		9. BALTIMORE	CITY OR CO		DEATH		
Maryland	1	U.S.	A .	WIDOW	ED NEVER MAR		mont		044			44.0
M. CITY OR TOWN O			*	•	OR OTHER INSTITU		12a. USUAL OCC	UPATION	7	12b. KIND C	OF BUSIN	MD LESS OR
01.	9	LIE NOT IN SUC	CH FACILITY, GIVE STREE	1	1		Electr	MOST OF WO	RKING LIFE)	NDUSTRY	D.C	80
TISUAL RESIDENCE	THE NUMBER OF STREET	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	PE ADMISSIONI	tal		Blecti.	Zi			2072	
Maryland	NIE COUN	TY:	Brentw	VN _	136. INSIDE CITY	LIMITS?	13. STREET ADD	RESS 10th.	Plac	e	2012	-
IL FATHER'S NAME		erine)	LAST		15. MOTHER'S MA			IDDLE				
William	1	B.	Markwar	d	Ruth	T	M	DOLE	D	emps		
160 WAS DECEASED			166 SOCIAL SEC	URITY NO.	17. INFORMANT			ADDRESS		ess		as
NO	ANI IN ART COM	WAR DROATES!	578-10-	7389	Mrs. El	izabe	th Marl	ward	No#	13e.		
III. CAUSE OF	DEATH (Enter on) ATH WAS CAUSED	у оне соизе рег	line far (a), (b), a	nd (c1.)						APPROX BETWEEN	ONSET AND	RVAL
PART I, DE		CAUSE (o)	ardiores	printo	u an	est						
2887	S. management	and Water Ball Co.			0							
Condition 1	and the same		Preumonia		- Lasta							
	t any, which a immediate	(6)_	0,00	1 9	morginge	ever,						
cause (a), underlying	starting the couse last.	DUE TO, O	RAS A CONSEQU	ENCE OF		, ,	Leubenne					
	-999H 190H	(c)	Bubmord	reaccu	es or smol	dering	dubense	4			-	
	RSIGNIFICANTC	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OF	CONDITIO	ON GIVEN	IN PART 1	a	
THE DATE OF C												
S IN DATE OF	PERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	ED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH					
E .		1000					YES NO	X	YES [NO [
210. ACCIDENT	WAS UNDERLYING	21b. TIME C		AV VEAD	21c. HOW INJUR	Y OCCURR	ED (ENTER NATURE	OF INJURY IN I	TEM IS PART I	ORPART 2)		1
OR CONTRIBUTION	IFY MEDICAL EXAMINER	in .	M. MONTH D	AY YEAR								
(IF EITHER NOT		21e. PLACE	OF INJURY		211. LOCATION							
WHILE	NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE.	FARM, ETC)	STREET		CI	TY OR TOWN		COUNTY		STATE
AT WORK	hat (1) (this haspit	all asserted sh	a deceased from	11.	. ~	10 507		1-23	3 10	92	that (I) (() I
	deceased alive an.			027	nd that in (my) (au	r) opinian d	eath accurred ar					
abave, (I)	(we) (did) (did nat	view the bady	after death.			., ., .,		, ,,,,,		22c. DATE		
THE SIGNAL	Pat 1	m			DEGREE	NDING	MEDICAL	STAFF	113	Nov .		
	NON!	2				SICIAN X	MEDICAL DIRECTOR 1	PHYSICIAN		1404	20,1	902
22d. PHYSICIA		11	^		22e. ADDRESS		s rests -			1	- 11	
Philli	P W. 10	th, M.L).		Suite 29	40-818	18th 5	C. NA	1 6/25	MINSTER	2000	26
23a. BURIAL, CREMA	TION, REMOVAL	236 DATE	23c.	NAME OF C	EMETERY OR CRE	MATORY	23d. LOCATIO					
(SPECIFIC	emation				ncoln Cr		ny Bren	two or	i D	G.	Mary	1and
24. FUNERAL DIRECT							REC'D. BY REGI	STRAR 276				4
F. Gasch	's Sons	F.H. F	A. HVA	ttsvi	lle, Md.		V 29 198	32 1	lu.	7. Ca	wel	R
			J		,	110		1/	-1		-	

DHMH - 16 50M 4/82 (VRA 15, 4)

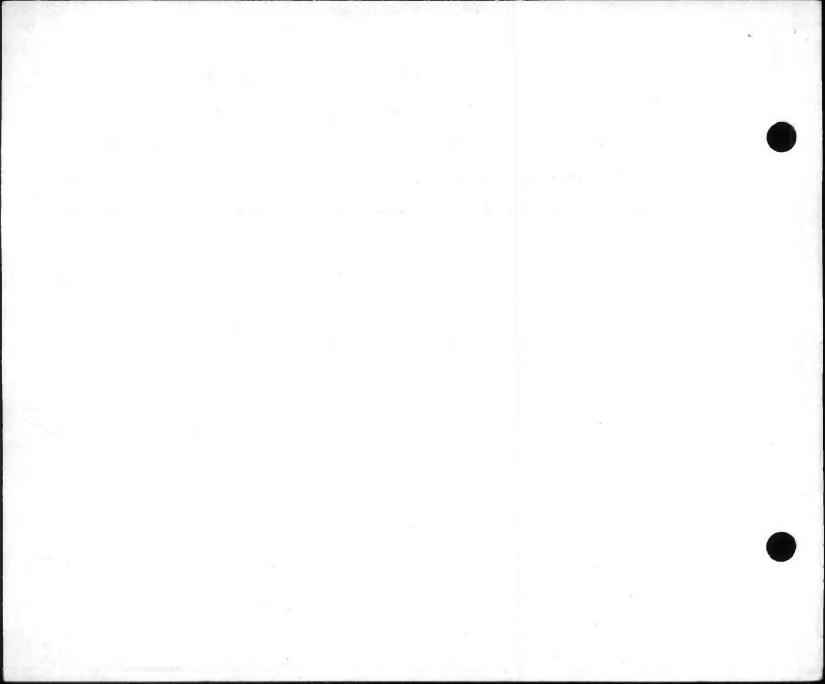
Nov.25,1942

	73	0001 ,0 0	te Une	1114	91446
	processor of	2.	•//•	8.0	hungani
lier Prinsit 0.	clustric		general and g	4	
00/f. •1	314 315.	ж	Brentwood	.0.4	Anni Juni
Dempsey		n3 15	larkward	• (m#11110
	s.Rank djedi	ers, olla	578-10-7589		Yes NE

Cremation Nov.25, less W. Lincoln rematory Arentmond ... Mr. Land W. Gasch's sons J.H. L. L. Hyallsville, Md.

TO HOSPITAL SENCITENDING PHYSICIAN. The low requires that the death certificate be executed within 24 har retained by the haspital or attending physician.

/		2	FOR	DEPAR		OF MARYLAND EALTH AND MENTAL HYG	IENE 8 2	2 9	7 2 8
/ · e	5	١.	STATE REGISTRAR		CERTIF	CATE OF DEATH	REG. NO.		100.17
			CEASED NAME FIRST	MIDDLE	i.	AST	20 DATE OF DEATH MO	NTH DAY YEAR	2b. HOUR
II AN		1	CHARL	ES W	MA5H	ALL	11/5/82		10Am
/ HAGH	/	1 SE	010,-	RACE	5. DATE O	F BIRTH	AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	IF UNDER 24 HRS
2 5			MHLE	WHITE	5	17 05	77	YRS	
270	817		DUNIRY) DISTRICT	CITIZEN OF WHAT COUNTR	Y? 8 MARRIEI	NEVER MARRIED	BALTIMORE CITY OR		
ueer Viner	ê []	OF	COLUMBIA	USA	WIDOWE		MONTG		MD.
# # B	\$ 8	0 0		I NAME OF HOSPITAL, NURS	ET ADDRESS)	11	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI	ORKING LIFE) INDUSTRY	Self Emp.
4	200		LUGE SPRING	HOLY CRO	25	HOSPITAL	Electrical	Contract	ar
3 2 2	326		TATE 136 COUN	TY 13c CITY OR TO	WN	134. INSIDE CITY LIMITS?	13ª STREET ADDRESS		20910
100	40	14 F4	THER'S NAME	TGOMERY SILVER	SPRING	YES NO D		SON PLAC	12_
mplete and 2	1850		FIRST	IDDLE LAST		FIRST	MIDDLE	_	AST
10 m	100		Ohn Vas deceased ever in U.S. ara	GOLO MED FORCES? 186 SOCIAL SE		Nannie 17 INFORMANT	ADDRESS	Pear 03 Wilson	:son
and	nedic		(ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		Janet A. M			
cion ers. F	the medico		NO		,	. Janet A. M	arsharr or	APPRO	XIMATE INTERVAL
phys	mova rent,		PART I. DEATH WAS CAUSED	BY //	PMI	a		BETWEEN	ONSET AND DEATH
gung Login	tic ex		10 CO IMMEDIAN	DUE TO OR AS A CONSEC	WENCE OF		-		
theng the co	ugu.		Conditions, if any, which	DUE 10, OR AS A CONSEC	Uceno	in 1/no	250		
the o	er tro		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	UENCE OF				_
by eose	or other		underlying cause last	(c)					
one gne en pl	7. o	7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 1	(0)
en s	or to	CERTIFICATION					To a surface of the	Aug week ship	
os pe	a 5 7	Ϋ́	198 DATE OF OPERATION	196 CONDITION FOR WHI	TOPERATION	WAS PERFORMED	J	OLAF YES, WERE FINDE	S OF DEATH?
icion ite hi	ş you	ER	214 ACCIDENT WAS UNDERLYING	THE TIME OF INJURY		The HOW INJURY OCCURS	YES NO	YES 🗌	NO D
phys phys phys lifico	18 J		DR CONTRIBUTING CAUSE OF DEA	" HOUR A.M. MONTH	DAY YEAR	THE FIGURE WOODS OCCURS	CD TENTE INITIAL CO PRICE!	The same of the same of	
ding s cer	wental Fem	MEDICAL	(# EITHER, NOTHY MEDICAL EXAMINER) 214: INJURY OCCURRED	P.M. 71s PLACE OF INJURY	19	2H LOCATION		**************************************	
te t	ope	¥	WHUE THOT WHILE T	(AT HOME, STREET, FACTORY, DIFFIC	E, FARM, ETC.)	STREET	CITY OF TOWN	соинтя	SIATE
or o Afte	all and a series		27s I certify that III (the hospit	all attended the decease from	-	19	10 /88	10	that (1) (we) lost
TOR TOR	21 15		saw the deceased plive are	-//T/10		d that in (my) (our) opinion (death occurred on the date	and bour and from the	
REC hed f	te a		27h SIGNATURE	view the body offer groth.		DEGREE	ACCUMUNICATION CONTRACTOR	22c DA13	SIGNED
the the etacl	\$ <u>T</u>		Duff	11000	M	ATTENDING PHYSICIAN [DIRECTOR PHYSICIAL	NO 11/3	5/82
ned by FUNERAL	A AN		274 PHYSICIAN'S NAME ITHE OR	PENTS		27e ADDRESS			
efoined 10 FUN should b	MPORTANT:		Joseph Blo	om, M. D.		1111 Sprin	g St., Sil	. Spr., N	Md.
5 5 5 4	3 3	23a. f	URIAL CREMATION, REMOVAL	236 DATE 6 23	NAME OF C	EMETERY OR CREMATORY	734 LOCATION	COUNTY	STATE
BP		. '	Cremation,	11/8/82 M	etrop	olitan Crem	atory Alex	xandria.	Va.
DHMH-16	5 20M		INERAL DIRECTOR CONT	K KOOC ADDRESS		0x 7428 250 DATE	E REC'D. BY REGISTRAR 25	DEGISTRAR'S SIGNA	TURE
(VRA 15, 4		W	arner E. Pump	hrey, Inc.,S		pr., Md. NV	V1 0 1982	to Emyol	shiely.
							-		



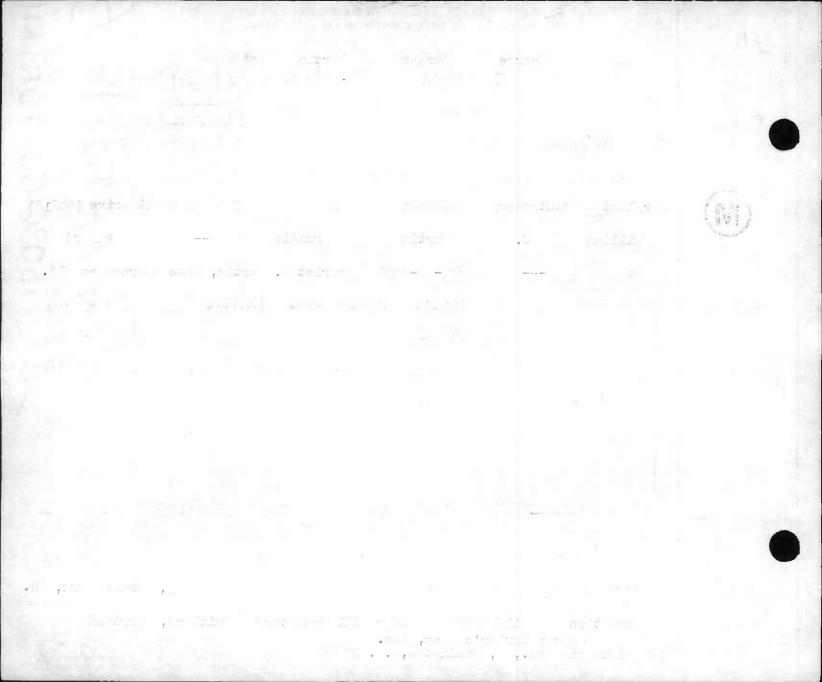
X	1-	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 2 2	9 / 2 9
(M)	1. DEC (TYPE		ON JOHN-A	Narshall 5. DATE OF BIRTH MONTH DAY YEAR		Y YEAR 20. HOUR 9:12 Ast UNDER 1 YEAR IF UNDER 24 HRS. WITHS DAYS HOURS MIN.
deoth Page Funeral Breath hin 72 Pour of	W	MOLE RIHPLACE (STATE OR FOREIGN BUNIEY) BUNIEY) TY OR TOWN OF DEATH	White 76. CITIZEN OF WHAT COUNTRY? US A 11. NAME OF HOSPITAL, NURSIN	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY O MONTGOMEN	
24 hours offer filled in by the fould be filed with must be porfiled	5	LESTING THE COUNTY	(IF NOT IN SUCH FACILITY, GIVE STREET A STATE OF THE PROPERTY OF THE PROPERTY OF TOWN	HOSPITAL ADMISSION)	120. USUAL OCCUPATION (TYPE OF WORLFOR MOST OF WORKING LIFE) OF JOHN E J.S. 130. STREET ADDRESS HOS EAST WAY	NE AVENUE
completely 1 and 2 sh	160 W	THER'S NAME FIRST AS DECEASED EVER IN U.S. AR	MAROBATES TOWN MARSHAL MED FORCES? 166 SOCIAL SECUI	15. MOTHER'S MAIDEN NA FIRST RITY NO. 17 INFORMANT		OWENS
ertificate be exec 19 physician and bonpapers. Pages removal. c event, the medica		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	1 4 578-20		RSHALL A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hot the deoth c by the ottendir ose remove carb I, cremotion, or other troumofic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) LID PHO	NCE OF .	RANGE + LIVER PALLACE	3-475ALS
low requires the	CERTIFICATION	PART 2. OTHER SIGNIFICANT (CHROM) 190 DATE OF OPERATION	ALCOHOL USE	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN	WERE FINDINGS USED NG CAUSES OF DEATH?
HYSICIAN: The diding physicion. Is certificate ho buriol-transit professional properties of the professional	MEDICAL CERTIF	27g. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED		Y YEAR 19 211 LOCATION	YES NO YES RED (ENTER NATURE OF INJURY IN ITEM 18. PARI	
TENDING PH oitol or ottend TOR: After this for use as the L of Heolth and J	MEI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE FACTORY) of tended the deceased from	11/ 10/12 19 82	city OR TOWN 19 19 death occurred on the date and hour o	thocil (we) lost ond from the couses stoted
HOSPITAL OR AN and by the hosp tuned by the hosp tune BEC and be detached if the State Dept.		22b. SIGNATURE	Results	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	DIRECTOR PHYSICIAN	11/12/fz
TO HOSPITA retoined by TO FUNERA should be de with the Stall	73a B	URIAL, GREMATION, REMOVAL	THY BLID W	AME OF CEMETERY OR CREMATORY	VEN SPRINC, MED 7	20702

DHMH - 16 50M 4/82 (VRA 15, 4)

	moy be	poge 3 fer deoth	
	ath. Page 4	eral directar 72 hours of	ance.
021201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physicion.	TO FUNERAL DIRECTOR. After this certificate hos been signed by the ottending physicion and comments of the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonoppers. Pages I at the comment of the within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, at other troumotic event, the medical paramilles notified of ance.
E, MARYLAND	uted within 24	M	and section
r., BALTIMOR	ificate be exec	physicion and nopers. Pages moval.	vent, the medic
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	the death cert	TO FUNERAL DIRECTOR. After this certificate hos been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Heolth and Mental Hygiene prior ta burial, cremation, or removal.	ner traumotic ev
ORDS, 201 W	requires that	en signed by Then please or ta burial, cr	y injury, ar oth
F VIT AL RECO	IAN: The law physicion.	inficate hos be I-transit permit of Hygiene pric	n 18 shows any
DIVISION	TO HOSPITAL OR ATTENDING PHYSICIAN: The Intertained by the haspital or attending physicion.	After this cerise as the burna	marked ar Her
•	AL OR ATTEN	AL DIRECTOR: etached for us te Dept. of He	T. If Item 21 is
	TO HOSPITA	TO FUNERA shauld be d	IMPORTAN

	1.	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	29/30		
		CEASED NAME E OR PRINTI	George 9	Chard	Martin Martin	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR VOU, 97 82 2:50 AM		
	3 SE	Male	4 RACE Cauca			6 AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN.		
and 2	MC	IRTHPLACE (STATE OR FOR	MA US	A WIDOWE			nery County MD.		
notified	10	Moma Park	Was hi	HOSPITAL, NURSING HOME OF HEACILITY, GIVE STREEZ ADDRESS) MC to M ACLUEM	1 1 1 1 1 1 1	TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY			
35	13a S	aryland	s home or other institution b County Montgomery	alle residence before admission) 13c CITY OR TOWN Bethesda	13d, INSIDE CITY LIMITS? YES NO [nwell Drive (20816)		
50		ATHER'S NAME FIRST William	MIDDLE C.	Martin	Arcadia	WIDDLE	Pollard		
e medica		MAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 579-05-4352	Harriet R.	Martin, Sam	e address as #13.		
event, th		18 CAUSE OF DEATH PART I. DEATH WAS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
traumotic		Conditions, if ony, or gove rise to imme	which diate	as a consequence of Emphysema			5 yrs		
, ar other			lost. (c)	ONTRIBUTING TO DEATH BUT	months an	a Brachie	CYCSIS 10 Yrs		
Sows any injury	CERTIFICATION	Nh.	wasclerohi	Heart TION FOR WHICH OPERATIO	Disease	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO		
is marked ar Item 18 sho		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	USE OF DEATH HOUR A.	M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18. PART 1 OR PART 2)		
arked ar	MEDICAL	21d. INJURY OCCURRED WHILE DOT WHILE AT WORK AT WORK	(AT HOME, STR	OF INJURY EET FACTORY OFFICE, FARM, ETC }	211 LOCATION STREET	CITY OR TOV	VN COUNTY STATE		
		sow the deceased	olive on	20 1902 01	nd that in (my) (our) opinion (to 112	te and hour and from the couses stated		
LT: If Item		22b. SIG HATTINI	d Mu	nger M.S	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	22c. DATE SIGNED 11/27/82		
MPORTANT: If Hem 21		Alfred	MUNZer,	M.D.	7600 Carro	oll Avenue	, Takoma Park, Md.		
_	-	BURIAL, CREMATION, RE Cremation	11/28/	/82 Cedar	EMETERY OR CREMATORY Hill Cremator	•	d, MaryTand STATE		
/81	51 51	uneral director Jo 30 Wisconsi	seph Gawler n Ave., NW, Wa	s Sons, Inc. ashington, D.C.	20016 DEC	e rec'd. by registrar 2 - 1982	John & Cabiel		

BP. DHMH - 16 50M 1/81 (VRA 15, 4)



requires that the death certificate be executed within 24 haurs ofter death. Page

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician. rol director, page 3 72 hours after death

		FOR			DEPART		EALTH AND MENTAL HYG	IENE 8 2	2 9	731
/	1.	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.	
		CEASED NAME	. 1	niel	WIDDLE S.	4.1	Masterson, Jr	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
	3. SE:	Dan		RACE)	Is DATE C	sterson	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDE	RIYEAR IF UNDER 24 HRS
	3. SE.	Male			White	MONTH		50	YRS.	DAYS HOURS MIN.
- Out-		RTHPLACE (STATE OR F COUNTRY) Wash., D.C		CITIZEN OF	what country A	P B. MARRIEI WIDOWE	D NEVER MARRIED X	Montann	. 1	ounty MD
10	10. C	3ethesda	TH 11	(IF NOT IN SUC	HOSPITAL, NURSI HEACILITY, GIVE STREE		OR OTHER INSTITUTION	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	F WORKING LIFE) IND	Drug Admin.
35	13a S	AL RESIDENCE (IF NURS STATE aryland	13b. COUNTY Montg		GIVE RESIDENCE BEFO 13c. CITY OR TOV Bethe	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 9611 Page	Avenue	(20814)
50	14 FA	Daniel	S. Mas	terson	, Sr. LAST		IS MOTHER'S MAIDEN NAM	ME MIDDLE	Qt	uigley
medical	160 V	WAS DECEASED EVER	(IF YES GIVE W		579-40-		17. INFORMANT Louise Maste	rson, Same		as #13.
y, ar other traum		Conditions, if ony, gove rise to imm couse (a), statin underlying couse PART 2 OTHER SIGN	nediate g the lost.	(c)	R AS A CONSEQU		OVERATED TO THE TERM	Load Al	DITION GIVEN IN	PART Iro
and a sound a	CERTIFICATION	190. DATE OF OPERA	TION /	Total Control of	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		ATH HOUR A.M. MONTH DAY			21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR	PART 2)
rked or	MEDICAL	216. INJURY OCCURE WHILE NOT WE AT WORK		21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE	FARM ETC 1	211 LOCATION STREET	CITY OR TO	wn co	UNIY STATE
MPORTANT: # Hem 21 is mo		22a.l certify that (1) saw the decease above, (1) (***) (c	ed olive on	MAVI	27 19	029	nd that in (my) (aud apinion of a	death occurred on the d	FF	that (I) (we) lost rom the couses stated
T AND I		22d PHYSICIAN'S NA	30	OK	- 15	'Zer	892152	hada 12	rove C	- 20377 Jours
-	230	BURIAL, CREMATION,	REMOVAL	236. DATE 11/30/			Heaven Cem.	Silver S	pring, Ma	aryland STATE

20016

DEC 2

1982

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

74 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.
5130 Wisconsin Ave., NW, Washington, D.C.

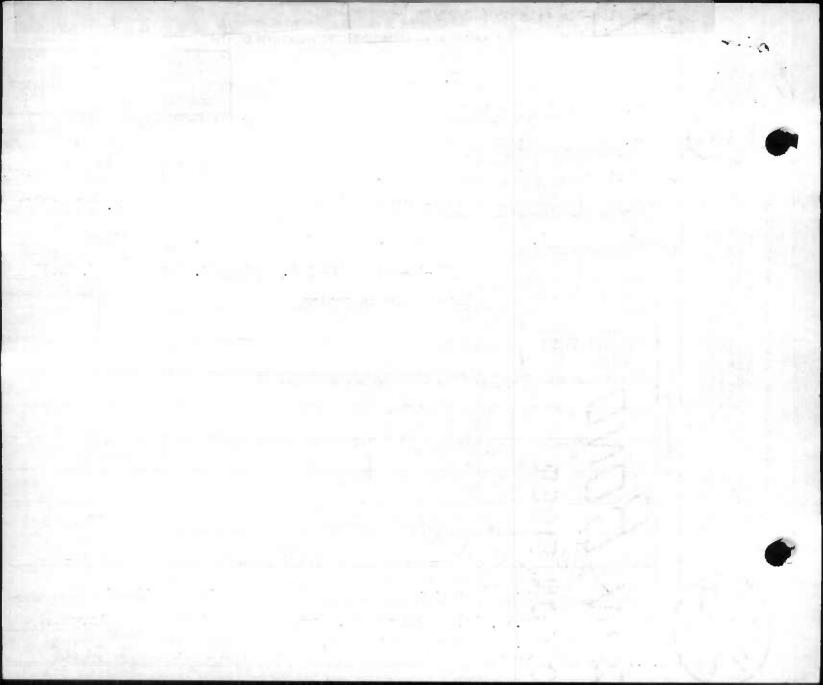
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled should be detached for use as the burial-transit permit. Then please remove carbonpapers: Pages 1 and 2 shauld be with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

Service of the latest the service of ART L. C.S. . ARG. .mbaha gurul d 5008 - Unit Adadm. (4.505) segrety error first X sections visuosinos birifyros _ _ Managarat _ Lamal - Proud - St. Market and Contract of the state of the sta Transfer Transfer Buttern , -200 William . But away in con . · H · I'm The state of the s

	. 63	144	ø.	22	•
	1	397	Œ.	=	ਠ
	ಾಲಾ	œ.	3	₩.	a
	- 44,	E.	E.	-	11
	. 105	×	Œ.	28	Ø
	- 25	=	2	100	a
pie .	100	œ.	5	so,	œ
0	~	os.	۹,	=	O
ea.	- 2	珐	Pri:	-	O
-	- 4	5	æ	œ	ũ
64	127	۹	300	Ŧ	œ
2	125	. 9	_	Si.	_
9	3.43	CA.	m.	mi	ਕ
5	- 1	16	-	5.7	品
-	- 22	-	2	o:	坦
ui.	- et	WS.	G,	2	r
æ	- 443	99	-	3	Æ
m	- 0	o	~	-36	О
3	Print.	4	œ	90	-
2	- 200	æ	o	10	<u>£</u>
=	- 85	told.	盂	90	ũ
-	- 5	S	_	u	139
et :	- 5	至	æ	Æ	¥
-	1/2	ø	年	60	2
-	- OC	-5	>		25
	- 3	400	-	=	7
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	0	-	175	40	(a)
17	学	s	×	25	7
Z	100		6	100	W
~	4	쁘	O	2	120
Ξ	CA	-	-		9
in.	7	Z	4	-	\geq
84	=	=		50	I
000	I	_	CX.	Z	_
Δ.	<u></u>	()	=	0	0
	>	$\stackrel{\vee}{\rightarrow}$	\leq	OX	1
2	>	-	5	⊨	7
-	0	~	5		Ū.
=	ш	-	9	-4	3
9		Z	×	4	45,
6.4	\supset	-	ш	N	
10	0	2.	_	1	7
Ö	بنا	0	4	3	8
×	×	ラ	0	ш	-
-	ш	=	=	1	I
0	LL.	0			-
U	- 60	7	ш	63	=
144	0	H	2	Q.	9
06	=	0		0	4
-4		3	u.	w	-
•	0	0	=	S	LA.
pan .	¥	N	I	\supset	C
=	10	0	U	LEI	_
	0,	\mathcal{L}	_	0	5
U.	1	5	4	0	6
0	7	111	T	4	×
_	13	〒		=	4
Z	\simeq	亡	0	×	~
0	4.5.	10	\geq	$_{\mathcal{L}}$	-
=		9	-	1	N
2	OZ.	Z	0	(A)	12.
>	- 74	=	ш	3	0
=	0	=		ш	
	S	œ	α	(7)	1
	T	~	4	×	d
	亡	-	>	0	2
		wi	2	-	is
	OC.	-	*	or	LL
	W	4	9	0	T
	Z	O	-	2	F
	3	il	w	1	mpe
	2	Ξ	8	3	1
	4	8	-	0	
	2	13		=	5
	M	0	=	0	-
			\preceq	-4	-
	TO MEDICAL EXAMINER; THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS	EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TOTAGE	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT PAGES I AND 2 SHOULD BE I'M	AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE DIVISION OF VITAL RECORDS, 2011
	- 5	-	I	2	7
	2	-	S	BAZ	17
	0	ш	90	7	0
	W	-	4	=	-
	3	-	ш	=	D
	«	2	0	-	1
	0	8	ď	0	ü
	2	0	0	2	d

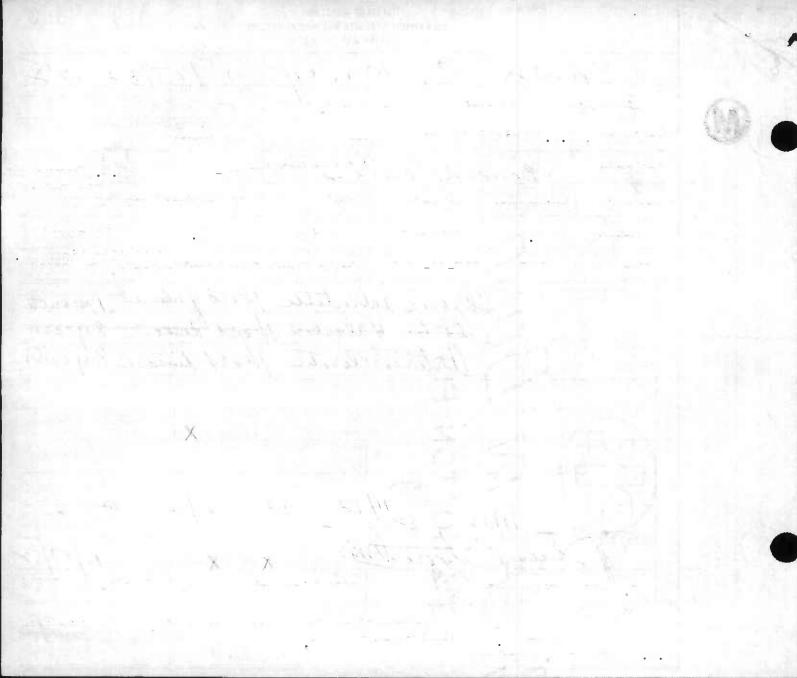
B

	REGISTRAR CEASED NAM	NE FI	IRST	M	MIDDLE	EXAMIN		ERTIFICAT LAST	E OF DI	20 DATE	REG.		TH DAY	YEAR
(TYPI	E OR PRINT)	НС	DLLY		Л.		M	ATHER		OF DEATH	ESTI- 1 MATED	₩ 11	12	19 82
SEX	(4. RACE	5. DA	ATE OF BIRT		6. AGE (IN YE		DER 1 YR. IF UN	DER 24 HR	S. 2c. DAT	E	MÓNT	H DAY	YEAR
Fe	male	Cauca	sian .	Jan 28	3 1957	25 Y	RS.	DAYS HOUR	MIN.	DEA	D	11	12	17
	RTHPLACE (7b. C	ITIZEN OF	WHAT COUN		8. MARRI	ED NEVER M	ARRIED X	9 BALTI	MORE CIT	Y OR COL	INTY OF	DEATH
	Maryla				States		WIDOW	ED DIV	ORCED [Mon:	tgome	ry Co	unty	,
0 CI	TY OR TOWN	OF DEATH			IOSPITAL, NU H FACILITY, GIVE S		E, OR OTH	ER INSTITUTION		DR MOST OF WI		TYPE OF WO	0	R INDUS
CILA	Rocky	Lle	5		lderbr	OOK CT	d.			Owner			Ver	nding
30. S	tate ryland	13b. (county ontgon		13c. CITY	Y OR TOWN	,	134 INSIDE CITY LIMI		TREET ADD		ook C	t.#20	07 2
	ATHER'S NAM	E	MIDI	DIE		LAST	-	15 MOTHER'S M			MIDDLE			LAST
	Pau1		L.			ner Jr.		Nancy		J.		-	11en	
6a. V	VAS DECEASI	ED EVER IN U.	.S. ARMED F	OR CES?	16b. SO	CIAL SECURIT	Y NO.	17 INFORMANT				ssBe1		
	No					-72-13	76	Paul L.	Math	er Jr.	Beth	nesda		
	18 CAUSE	DF DEATH (En	AUSED BY	couse per l		o), and (c).)" venous								WEEN ONS
		ise to imme a) stating the u		(b) DUE TO, (OR AS A CO	NSEQUENCE	OF							
NC	cause (d lying ca	ise to immo s) stating the <u>u</u> use last.	ediate under-	(c)				DR CONDITION GIVEN	IN PART 1 :0					
CATION	couse (couse (co	ise to immo s) stating the <u>u</u> use last.	ediote under- DITIONS CONTRI	(c)RUTING TO OE	ATH RUT NOT REL	ATED TO THE TERA	MINAL DISEASE	OR CONDITION GIVEN	IN PART 1 (a)				20	AUTOPSY
THEATION	PART 2 OTHER	ise to immo s) stating the use lost.	ediote under-	(c)	ATH RUT NOT REL	ATED TO THE TERA	MINAL DISEASE		IN PART 1 (o).					
CAL CERTIFICATION	PART 2 OTHER 190. DATE O 210. EXTERN UNDERLYIN	ise to immos) stating the use lost. SIGNIFICANT CONG	OITIONS CONTRI	(c) RUTING TO OF	ATH RUT NOT REL	ATED TO THE TERA	RATION W			ER NATURE OF	njury in item	A 18 PART I ON		
MEDICAL CERTIFICATION	PART 2 OTHER 190. DATE O 210. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY	F OPERATION AL CAUSE W G OR ING CAUSE OCCURRED	OTTIONS CONTRIL	(c) RUTING TO DE /	ATH RUT NOT REL	WHICH OPER I DAY YEAL 19 ((AT HOME.	RATION W	AS PERFORMED?		ER NATURE OF				AUTOPSY YES [X
MEDICAL CERTIFICATION	PART 2 OTHER 190. DATE O 210. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK	F OPERATION AL CAUSE W G OR ING CAUSE OCCURRED	OTTIONS CONTRI	19b CON 21b TIME HOUR A H 21e PLAC STREET, I	ATH RUT NOT REL OF INJURY A,M. MONTH P.M. CE OF INJURY FACTORY, FARM, I	WHICH OPER I DAY YEAR (AT HOME. ETC.)	RATION W	AS PERFORMED? DW INJURY OCCI CATION TREET			OWN		COUNTY	
MEDICAL CERTIFICATION	PART 2 OTHER 190. DATE O 210. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK	F OPERATION AL CAUSE W G OR ING CAUSE OCCURRED NOT WHITE AT WORK	OTTIONS CONTRI	19b CON 19b CON 21b TIME HOUR A H 12le PLAC STREET, I	ATH RUT NOT REL OF INJURY A,M. MONTH P.M. CE OF INJURY FACTORY, FARM, I	WHICH OPER I DAY YEAR 19 ((AT HOME. etc.)	RATION W 21c. HC	AS PERFORMED? DW INJURY OCCI CATION TREET	URRED (EN)	CITY OR I	own		COUNTY	
MEDICAL CERTIFICATION	cause (c lying co PART 2 OTHER 19a. DATE O 21a. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK 22a. I cer death resul	F OPERATION AL CAUSE W G OR ING CAUSE OCCURRED NOT WHII AT WORK	OITIONS CONTRI	19b CON 19b CON 21b TIME HOUR A H 12le PLAC STREET, I	ATH RUT NOT REL OF INJURY A.M. MONTH P.M. EE OF INJURY FACTORY, FARM, I described ob-	WHICH OPER I DAY YEAR 19 ((AT HOME. etc.)	RATION W 21c. HC 21f LOC 5 Autop:	AS PERFORMED? OW INJURY OCCI CATION IREET Sy	ection Une	CITY OR I , Inquir determined i	own y	and in my	COUNTY	YES 🗘
MEDICAL CERTIFICATION	rause (c lying co PART 2 OTHER 19a. DATE O 21a. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK 22a. I cer death resu	F OPERATION AL CAUSE W G OR ING CAUSE OCCURRED NOT WHII AT WORK	OITIONS CONTRI	19b CON 19b CON 21b TIME HOUR A H 12le PLAC STREET, I	ATH RUT NOT REL OF INJURY A.M. MONTH P.M. EE OF INJURY FACTORY, FARM, I described ob-	WHICH OPER I DAY YEAR 19 ((AT HOME. etc.)	RATION W 21c. HC 21f LOC 5 Autop:	AS PERFORMED? OW INJURY OCCI CATION TREET Sy	ection Une	CITY OR I , Inquir determined i	own y	and in my	COUNTY	YES 🔀
MEDICAL CERTIFICATION	cause (c lying co PART 2 OTHER 19a. DATE O 21a. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK 22a. I cer death resul	F OPERATION AL CAUSE W G OR ING CAUSE NOT WHILL AT WORK Inference of the control of the control AT WORK Inference of the control Inference	OTTIONS CONTRI	19b CON 19b CON 21b TIME HOUR A H 21e PLAC STREET, II	ATH RUT NOT REL JOITION FOR OF INJURY A,M. MONTH P.M. described obi Accident On, M.[WHICH OPER I DAY YEAR 19 ((AT HOME. ETC.) St.	RATION W 21c HC 21f LOG S Autop:	AS PERFORMED? DW INJURY OCCI CATION TREET By Nomicide TITLE (SPECIF D. ASSIST ADDRESS 111	ection Unit	CITY OR I , Inquir determined i	own y nonner	and in my], DA SIG	COUNTY COUNTY	YES 🔯
WEDICAL MEDICAL	cause (c lying co PART 2 OTHER 190, DATE O 210, EXTERN UNDERLYIN CONTRIBUT 71d, INJURY WHILE AT WORK 220, I cer death resu ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	F OPERATION AT ION. REMO	OITIONS CONTRIL OITIONS CONTRIL NAS SE OF DEATH C charge of the Natural control co	19b CON 21b. TIME HOUR A HOUR A THE PLACE STREET, 1 ATE	OF INJURY A,M. MONTH P.M. described obs Accident On, M.[23c.	WHICH OPER I DAY YEAR 19 ((AT HOME. ETC.) St.	RATION W 21c HC 21f LOG S Autop:	AS PERFORMED? DW INJURY OCCI CATION TREET BY Nomicide TITLE (SPECIF D. ASSIST ADDRESS 111 R CREMATORY	ection Unity) ant M Penn	CITY OR 1 , Inquir determined r	own y monner MINER Balto	and in my], DA SIG	county apinian	YES 🔯
WEDICAL MEDICAL	Cause (c lying co PART 2 OTHER 190. DATE O 210. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK 220. I cer death resu ACTUAL SIGNATURE EXAMINER: (TYPE OR PR	F OPERATION AL CAUSE W G OR ING CAUS OCCURRED NOT WHILL AT WORK Interpretation AT IND. REMO T	OTTIONS CONTRI	196 CON 196 CON 216 TIME HOUR A H 21e PLAC STREET, II	ATH RUT NOT REL ATH RUT NOT REL OF INJURY A.M. MONTH P.M. EFOF INJURY FACTORY, FARM, I On, M. [1982 P:	WHICH OPER I DAY YEAR 19 ((AT HOME. ETC.) Ove, held on , Su NAME OF CE	RATION W R 21c. HC 21f LOC 5 Autops Autops METERY Of 1 Mem.	AS PERFORMED? DW INJURY OCCI CATION IREE! JULY 1059 Homicide [TITLE (SPECIF D. Assist ADDRESS 111 R CREMATORY Park	ection Unit of the Penn Penn R	Inquir Discrete for the control of	own y nonner MINER Balto	and in my DA SIG	county county dipinion tened dipinion ounty Man	11-13 1201 rylar



	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.
20	urs o
7 0	4 ho
Z Z	hin 2
AK	3
n, E	ote
ğ	exec
	e pe
, BA	ficot
2	certi
2	eo th
¥	he d
≥	hot t
7.	res -
Š	edo
בר	3
DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALTIMORE, MARTLAND 2120	The I
5	AN:
5	SICIA
2	PHY
2	NG
	END o lo
	ATT
	OR he h
	PITAI by t
	HOSE
	TO HOSPITAL OR ATTENDING PHYSICIAN: The Letelined by the hospital or attending physician.

	1 -	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENT CERTIFICATE OF DEAT		29/33
ay be oge 3 death	(TYPE	CEASED NAME (IRST OR PRINT)	th C.	maxe	20. DATE OF DEATH MONTH	82 4 AM
90 4 4 8 9	3. SEX	——emale	^{4. RACE} Caucasian	December 6, 18	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
od-1809	Wa	shington, D.C.	7b. CITIZEN OF WHAT COUNTRY? United States	MARRIED NEVER MARR	9 BALTIMORE CITY OR COL	
by the fu	В	ty or town of death ethesda	B (IF NOT IN SUCH FACILITY GIVE STREET	VUSSIAB	USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKI	126. KIND OF BUSINESS OR INDUSTRY Government
filled in hould be	Ma Ma		other institution, give residence before ity Somery Bethesda	N 13d. INSIDE CITY LI	4890 Battery 1	Zip Code: 20814
pmpletely ond 2 s)	Robert	Caldwel	and the second s	e Bole	Webster
be execu an ond c	16a V	VAS DECEASED EVER IN U.S. ARI PES YOOR UNKNOWN) (IF YES WIN	MED FORCES? 166. SOCIAL SECU VITOR DATES) 213-46-84		lark (Daughter)Beth	002 Alta Vista Rd. nesda, MD 20814
uires that the death certificat igned by the attending physis en please remove carban pop b burial, cremation, or remova ury, or ather traumatic event, t	Z	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	Ity one cause portinistar (a), (b), and D BY: E CAUSE (a) DUE TO, OR AS A CONSTITUTE OUE TO, OR AS A CONSTITUTE CONDITIONS CONTRIBUTING TO E	political politi	Le Heart disease Heart disease	se 8 years.
The low requirence. I have been so it permit. The prior to nows any inji	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
SICIAN: Ting physicing physicing certificate untol-transition tental Hygin them 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	AY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEN	N 18 PART I OR PART 2)
AG PHY attends frer this os the bi h ond A	WED	21d. IN JURY OCCURRED WHILE ONT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
spitol or Spitol or CTOR: A for use of Healt		sow the deceased alive on	tal) attended the deceased fram 19 8 view the bady after deat	, and that in (my) (aur)	apinian death occurred an the date and	, 19 , that (we) last
ITAL OR A by the hosy the hosy RAL DIRECT detached state Dept. NT: If them		22b. SIGNATUP	in Disper	PHYS	DING MEDICAL STAFF	224. DATE SIGNED /82
TO HOSPITAL TO FUNERAL should be deti with the State IMPORTANT:		J. Blaine Fit	zgerald		sconsin Avenue, Bet	thesda, MD 20814
BP	23a. B	urial, gremation, removal SPECIFY) Cremation	17, 1982 Me	tropolitan Cre	matory Alexandria	COUNTY STATE VITSIAIA
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 FU P.	NERAL DIRECTOR Robe A. Bethesda,	ert A. Pumphrey I Maryland	Funeral Homes,	NOV 22 198	GETRAR SHOWN THE



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or ottending physicion. neral director, page 3 n 72 haurs after death

and campletely filled in by and 2 should be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbon-popers-Pages, with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar other troumatic event, th

IMPORTANT: If Item 21 is marked or Item 18 shows any

	STATE OF MARYLAN	
FOR	DEPARTMENT OF HEALTH AND MI	

	7)	9	7
2	60	1	-

FOR STATE REGISTRAR	DEPART	MENT OF	HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	91	3 4
I. DECEASED NAME FIRST (TYPE OR PRINT) Dixie	Jane		leery	November 30,	1982	26. HOUR 12:05P
Female	4. RACE White		оғыктн üary °6, 1934	6. AGE (IN YEARS LAST BIRTHDAY) 48 YRS.	MONTHS. DAYS	IF UNDER 24 HRS. HOURS MIN.
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	76. CITIZEN OF WHAT COUNTRY USA	MARRIE WIDOW	ED NEVER MARRIED DIVORCED	Montgomery Cou		MD.
10. CITY OR TOWN OF DEATH Bethesda	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Clinical Center	THE HOME (or other institution VIH nesda, Md.	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE HOUSEWITE	12b. KIND O INDUŞTRY NO I	ne
USUAL RESIDENCE (# NU NO		WN	13d. Inside CITY LIMITS?	13. STREET ADDRESS 1413 Hill Rd, Ap	t.#5	28210
NA FATHER'S NAME WITTIAM	MIDDLE Este	r	15. MOTHER'S MAIDEN NA	nknown MIDDLE	LAS	т
(YES, NOOR UNKNOWN) (IF YES,	ARMED FORCES? 16b. SOCIAL SEC		Mr. William C	ADDRESS C. McCleery (husb	sam and) ^{pat}	e as ient
						MATE INTERVAL

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY.	BETWEEN ONSET AND DE
PART I. DE ATH WAS CAUSE BY. 1749 IMMEDIATE CAUSE (0) Pneumonia and atelectasis	hrs-days
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) Breast cancer metastatic to liver, spleen,	1 year
bone marrow carcinomatous meningitis bone marrow carcinomatous meningitis bone marrow carcinomatous meningitis Liver failure secondary to (b)	weeks

E S	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a AUTO		20b. IF YES, WERE FIN	
				YES	NO	YES 🗍	NO 🗌
200	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NA	ATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART	2)
	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19					
	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	WN COUNTY	STATE

22a certify that X (this hospital) attended the deceased from	November	1 19.82	November 30	19_82_, that Xi) (we)
270 1 certify that X (this hospital) attended the deceased from sow the deceased alive on November 30 19 above, X (we) (did) X X of view the body after death.	82 and that in	(X) (our) opinion death	occurred on the date and ha	ur and from the couses state
above, Ni) (we) (did) (did Not) view the body after death.	, 0110 1110	(or one from the courses store

obove, N) (we) (did).	MANOT) view the body ofter deat	h.	ny) (our) opinion death occurred on the date and r	nour and from the couses state
22b. SIGNATURE	0	DEGREE		22c. DATE SIGNED
* Many	EDavdon	any	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	11/30/8

24. PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRESS National Institutes of Heal	+1
Nancy E Davidson	Clinical Center, Bethesda, Md. 2020	

230. BURIAL, CREMATION, REMOVAL REMOVAL REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN 23b. DATE

24 FUNERAL DIRECTOR

Marshall's Funeral Home (VRA 15, 4)

12-3-82

Connelly-Noble Funeral Hom 4217 9th St. NW LIST DATE RECT. BY REGISTRAL Washington, D.C. DEC 6 1982

106 Ety Ash Star Three Oaks Mich.

Home

DHMH - 16 50M 4/B2

BP.

	i zajeve	ymeilo v	nata.	
		ADM AS TRANSACTION		
	THEOR CONTESTION			
		, at , a fact , and	The Leading	
	2 aug 11 111	addni	ea 5/1 × 1	a Mousia
				100
		ACCOUNTS OF THE PARTY.		
172		an resident his office		
	14,4		0.00	
			- 1	
			J. miest.	
1		That Sall		

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEC 1 1982

9

I. DEC					CATE OF DEATH	REG. N	O		
TYPE	CEASED NAME 2 FIRST	_	AIDDLE	U	ast)	20 DATE OF DEATH		AY YEAR	26 HOUI
	Deatri	ice 6	eneviev	E /	McDONALD		11-0	24-82	12:
3. SEX		4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY}	FUNDER I YEAR	HOURS
	Female	Whit	e	MONTH	23 1910	72	YRS.	DATS	HOURS
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	DMNEVER MARRIED □	9 BALTIMORE CITY C		OF DEATH	
	arvland	U.	S. A.	WIDOWE		Montgon	ery		
10. C	ITY OR TOWN OF DEATH			G HOME O	ROTHER INSTITUTION	12g. USUAL OCCUPAT		126 KIND O	F BUSINE
Tá	akoma Park		-		ntist Hosp.	U.S. Go		G.A	.0.
	AL RESIDENCE (IF NURSING HOME C STATE 136 COU		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS			
Mc		tgomery			YES XX NO	25 E. Wa	yne A	venue	209
14. FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		145	
	Unknown		Deppish	N.S.	Anna	L.		Ke1	ley
	WAS DECEASED EVER IN U.S. A		166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS 25	E.Way	
	NO -	THE WAR OR DATES)	217-44	-0179	William N	B. McDona		_	
	18 CAUSE OF DEATH (Enter of	nly one cours per	line for tot (b) one	die				APPROXI	MATE INTER
	underlying course lost	1001 10,01	R AS A CONSEQUE	NCE OF					
NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	(inal disease or con	DITION GIVE	EN IN PART 16)
IFICATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CC	MACROS	DEATH BUT	(200 AUTOPSY?	20b. IF YES,	, WERE FINDIN	IGS USED OF DEATI
CAL CERTIFICATION	PART 2. OTHER SIGNIFICANT Waldens Tr 190 DATE OF OPERATION	CONDITIONS CO	MACYOS TION FOR WHICH	DEATH BUT	linemia	200 AUTOPSY?	20b. IF YES, IN CERTIFY	, WERE FINDIN YING CAUSES	IGS USED
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT Waldens Jr 190 Date of OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CASS OF	CONDITIONS CO	MACTOS TION FOR WHICH FINJURY M. MONTH DA	DEATH BUT DERATION	linemia WAS PERFORMED	200 AUTOPSY?	206. IF YES, IN CERTIFY YES	, WERE FINDIN YING CAUSES	IGS USED OF DEATI
	PART 2. OTHER SIGNIFICANT Waldens Jr 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DI (IF EITHER, NOTIFY MEDICALY AND IN 21d. INJURY OCCURRED WHILE NOT WHILE	CONDITIONS CO	TION FOR WHICH	OPERATION AY YEAR 19 ARM, ETC.)	1 inemia WAS PERFORMED 216. HOW INJURY OCCURR 216. LOCATION	200 AUTOPSY? YES NO DED ED (ENTER NATURE OF INJU-	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PA	WERE FINDIN ING CAUSES	IGS USED OF DEATI NO
	PART 2. OTHER SIGNIFICANT WALLES TO SERVICE 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OPERATION 210. INJURY OCCURRED WHILE ATWORK ATWORK 220. I certify that (I) (the hospessor the decosed olive os on the decosed olive os on the decosed olive os	CONDITIONS CO	TION FOR WHICH	OPERATION AY YEAR 19 ARM, ETC.)	ZIC HOW INJURY OCCURR	200 AUTOPSY? YES NO DED ED (ENTER NATURE OF INJU-	20b. IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES	IGS USED OF DEATI NO ST

Pumphrey, Inc.Sil. Spr., Md

Spr.

Pumphrey,

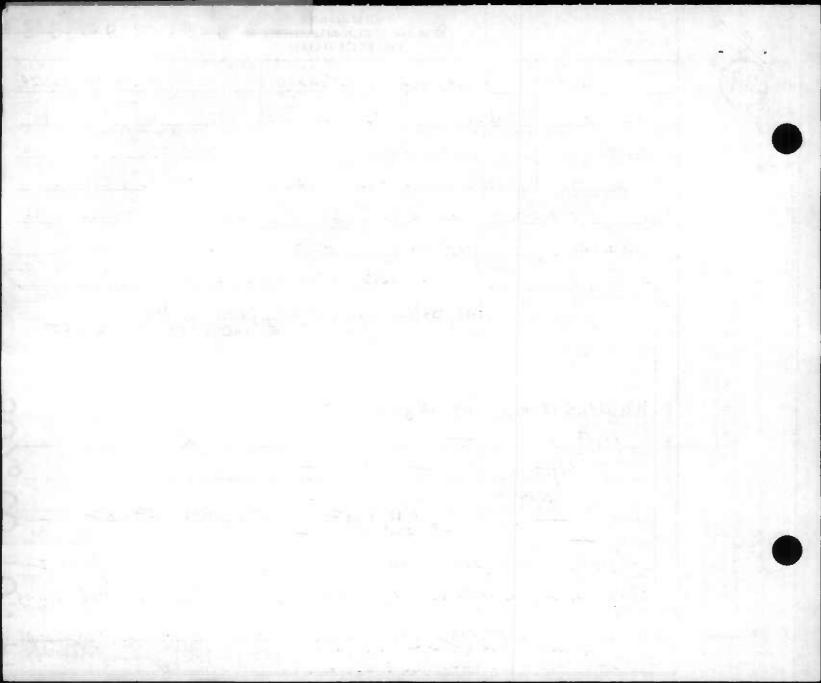
BP. DHMH - 16 50M 4/82 (VRA 15, 4)

Warner E.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion ond completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 should be filed within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs offer death

etoined by the haspital ar ottending physicion.



(TYPE OR PRINT) MARY EVELYN MC ELY 98 NOV. 24, 8	
1. DECEASED NAME MARY MIDDLE TO TAST 20. DATE OF DEATH MONTH DAY YE. (TYPE OR PRINT) NOV. 24, 8	
	YEAR 26 HOUR
13. SEX 14. RACE 15. DATE ON HRTHC 1 16 1 7 CO 16. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1	11:30
	DAYS HOURS MIN.
78. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTRY OF DEAT	лн
VIRGINIA USA WIDOWED DMORCED MONTGOMERY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 126 KIR	M (IND OF BUSINESS OF
7/ Takoma Park, Md WAShington Adventist He Spital (TYPE OF WORK FOR WOST OF WORKING LIFE) INDUS	
35 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE CITY LIMITS? 136. STREET ADDRESS WOODFIEL 137. STREET ADDRESS Woodfiel	Ld Rd.
15. MOTHER'S NAME FIRST DOLLY Haxi	LAST
16n WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT. ADDRESS	nes
(YEMOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) NONE Jake B. McElyea Same as #	# 13
PART I DEATH WAS CAUSED BY	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) SCLEROSING HOENOCARCINOMA OF HEATTIC DUCTS 20	MONTHS
DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which (b)	
gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2	ART 1(a
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 206 IF YES, WERE FI IN CERTIFYING CALL YES NOW YES 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART	FINDINGS USED AUSES OF DEATH?
	ART 2)
OR CONTRIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED VAILE AT WORK AT	NTY STATE
22a.1 certify that (1) (this haspital) attended the deceased from OCT 8, 19 8), ta Nov 3, 19 8 asaw the deceased alive an Nov 34 19 8 and that in (my) (aur) apinion death accurred an the date and hour and from abave, (1) (we) (did) (did not) view the bady after death.	
DEGREE 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF 12c. D	DATE SIGNED
PHYSICIAN & DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) EUGENE P. FLANNERY 22e ADDRESS 811 PRINCE PISILIP D OLNEY, MP 20832	DR.
236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION	STATE
24 FUNITRAL DIRECTOR	ent Md
Francis H. Barber Laytonsville.Md.20879 NOV 29 1982	labell

LONG THE PARTY OF

er colon

0110

executed within 24 hours ofter deoth.

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

2	FOR 1 - STATE
1	REGISTRAF

potified of once.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral of should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72-by with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumotic event, the medical

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	9	1	3	7
Gree				

REGISTRAR		CERTIFICATE OF PERTIF	REG. NO	
1. DECEASED NAME FIRST {TYPE OR PRINT}	WIOOFE	ŁAST	20 DATE OF DEATH M	ONTH DAY YEAR 26 HOUR
Clyde	е	Mc Kinney		11- 2- 82 8:58A M
3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	OAY) IF UNDER 1 YEAR IF UNDER 24 HRS
Male	Black	11- 22- 189	8 83	YRS MONTHS DAYS HOURS MIN
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIE	9 BALTIMORE CITY OR	COUNTY OF DEATH
Carolina	U.S.A.	WIDOWED DIVORCE		nery
ID CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTIO		N 12b. KIND OF BUSINESS OR INDUSTRY
Cabin John	, 8 Carve		Miner (Re	t) None
136. STATE 136 CC		DWN 13d INSIDE CITY LIM		n Dond
14 FATHER'S NAME	ontg. Cabin	JOHN 15 MOTHER'S MAIDE	- OCULVE	ROAG
FIRST	MIDDLE	FIRST	WIDDLE	LAST
Fred	Mc Kinne	9.00	Anne	?
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) I (IF YES,	GIVE WAR OR DATES)		ADDRES	
No	400-07	-7769 Mr Frank	Mc Kinney (So	n) Address Same
18 CAUSE OF DEATH Enter	only one cause per line for (a), (b),	ond (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAL	DIATE CAUSE (0) Arterios	clerotic Cardiova	ascular Disease	18 months
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	10/			
PART 2 OTHER SIGNIFICAN Multiple	or conditions contributing to Decubitus Ul	ODEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR COND	TION GIVEN IN PART 1(0)
Multiple 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	206 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
00.00.00.00.00.00	DEATH HOUR A.M. MONTH		CCURRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
TO COMINIBUTING CAUSE OF CAUSE	21e. PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	21f. LOCATION STREET	City OR TOWN	COUNTY STATE
sow the deceased blive	on October 19	m Feb. 22	79 to Nov 1	, 19 <u>82</u> , thot <u>x</u> t) (we) lost e and hour and from the couses stated
22b. SIGNATURE	a Hund		ING MEDICAL STAFF	
22d. PHYSICIAN'S NAME (TY		22e ADDRESS		
	Nimetz, M. D.			ington, D.C.20015
230. BURIAL, CREMATION, REMOV	AL 23b. DATE 23	L. NAME OF CEMETERY OR CREMAT	ORY 23d. LOCATION	

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

Removal
24 FUNERAL DIRECTOR
NAME George R. Snowden

11-6-82

Rockville, Md

Smith Funeral Home Gary,

250 DATE REC'D. BY REGISTRAR BY DO.

Ckville, Md NOV 51982

Indiana

AND THE STATE OF T Miller James Grand

	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	6.0
		EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	LIAME	ACIL	ω.	MCNALL	NOVEMBER 30	1982 225
M	3. SE)	(4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 2
1		MALE	CAUC.	November 3, 1915	67 YR	s.
50		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIED X NEVER MARRIED	9. BALTIMORE CITY OR COUN	ITY OF DEATH
2		MARYLAND TY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED RSING HOME OR OTHER INSTITUTION	MONTGOMERY 12a USUAL OCCUPATION	12b. KIND OF BUSINES
00		LVER SPRING	(IF NOT IN SUCH FACILITY, GIVE ST		TYPE OF WORK FOR MOST OF WORKING	G LIFE) INDUSTRY
21	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COU	R OTHER INSTITUTION GIVE RESIDENCE BE NTY 13c. CITY OR T	FORE ADMISSION) OWN 134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	
	MA	PVIAND N	ONT SILVE	R SPRINGES NO D	10705 GLENWILL	ROAD 2090
1	14.FA	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	LAST
20		WILLIAM	F. McNA		N.	CUNNINGHAM
		VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL S	ECURITY NO. 17 INFORMANT	ADDRESS	
1		NO		3-9457 MARY E. McN	ALL SAME AS	
		18 CAUSE OF DEATH (Enter of PART 1, DEATH WAS CAUS	nly one cause per line for (a), (b)	(+1 11	11	APPROXIMATE INTER
		1999 IMMEDIA	TE CAUSE (0) LAICE	noma of the bla	ader with	7 mos
		1001	DUE TO, OR AS A CONSE	QUENCE OF	metastasis	
			/		11100000000	
		Conditions, if ony, which gave rise to immediate	(b)		· · · · · · · · · · · · · · · · · · ·	
			DUE TO, OR AS A CONSE		711000	
		gave rise to immediate cause (a), stating the underlying cause last.	(c)			GIVEN IN PART I (o
	NOI	gave rise to immediate cause (a), stating the underlying cause last.	(c)	QUENCE OF		GIVEN IN PART I (a
	CATION	gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING	QUENCE OF	NINAL DISEASE OR CONDITION (YES, WERE FINDINGS USED
2	RTIFICATION	gove rise to immediate couse lost. PART 2. OTHER SIGNIFICANT None 19a DATE OF OPERATION April 30/1982	conditions contributing 196 CONDITION FOR WH	QUENCE OF TO DEATH BUT NOT RELATED TO THE TERM TICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED THYING CAUSES OF DEATI YES NO
29	. CERTIFICATION	gove rise to immediate couse (0), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT None 19a. DATE OF OPERATION April 30/982 21a. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING 19b CONDITION FOR WH Same 21b. TIME OF INJURY	QUENCE OF TO DEATH BUT NOT RELATED TO THE TERM TICH OPERATION WAS PERFORMED THE TOTAL PROPERTY OF THE TERM THE TOTAL PROPE	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED THEYING CAUSES OF DEAT YES NO
29		gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT None 19a DATE OF OPERATION Accident was underlying [OR CONTRIBUTING CAUSE OF DE IF EITHER NOTIFY MEDICAL EXAMINE	19b. CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH P.M.	QUENCE OF TO DEATH BUT NOT RELATED TO THE TERM TICH OPERATION WAS PERFORMED DAY YEAR 19	20a AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED THEYING CAUSES OF DEAT YES NO
29	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT None 19a DATE OF OPERATION ADT 30/982 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE JIF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	CONDITIONS CONTRIBUTING 19b CONDITION FOR WH Same 21b. TIME OF INJURY HOUR A.M. MONTH	QUENCE OF TO DEATH BUT NOT RELATED TO THE TERM TICH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION	20a AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED THEYING CAUSES OF DEAT YES NO
29		gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE LITME NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFF	QUENCE OF TO DEATH BUT NOT RELATED TO THE TERM IICH OPERATION WAS PERFORMED DAY YEAR 19 211. HOW INJURY OCCUR! STREET	20a. AUTOPSY? 20b. IF YES NO S RED (ENTER NATURE OF INJURY IN ITEM	YES, WERE FINDINGS USER RTIFYING CAUSES OF DEAT YES NO [18 PART OR PART 2) COUNTY S
29		gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION ADT 30/982 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WMILE AT WORK AT WORK 22a.1 certify that (1) (this hose sow the deceased alive of the couse of the c	19b. CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY I AT HOME, STREET, FACTORY, OFF	QUENCE OF TO DEATH BUT NOT RELATED TO THE TERM IICH OPERATION WAS PERFORMED DAY YEAR 19 211. HOW INJURY OCCUR! STREET 19 211. LOCATION STREET	20a AUTOPSY? 20b. IF IN CER YES NO NOTE: RED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEAT YES NO [18 PART 1 OR PART 2)
29		gove rise to immediate couse lot, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DELIFIER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK 12a. 1 certify that (1) (this hask say the deceased alive on above, Unave) (did) (did not on obove, Unave) (did)	19b. CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY 11at HOME, STREET, FACTORY, OFF	QUENCE OF TO DEATH BUT NOT RELATED TO THE TERM IICH OPERATION WAS PERFORMED DAY YEAR 19 211. HOW INJURY OCCUR! 19 211. LOCATION STREET DIM 19 22 , ond that in (my) (our) opinion	20a. AUTOPSY? 20b. IF YES NO S RED (ENTER NATURE OF INJURY IN ITEM	YES, WERE FINDINGS USER RTIFYING CAUSES OF DEAT YES NO 18 PART 1 OR PART 2) COUNTY S 2, 19 22 that (1) (vector of the causes story)
		gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION ADT 1 30/982 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE AT WORK 17c. 1 AT WORK 22a.1 certify that (1) (this hose sow the deceased alive of the country of	19b. CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY I AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 211. LOCATION STREET 19 212. Ond that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? 200 IF IN CER YES NO STAFF NED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN TO NOVEMBER 24 death occurred on the date and it	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEAT YES NO 18 PART 1 OR PART 2) COUNTY S 2, 19 22 , that (I) (v
		gove rise to immediate couse lot, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DELIFIER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK 12a. 1 certify that (1) (this hose say the deceased alive on obove, Unave) (did) (did not obove, Unave) (did)	CONDITIONS CONTRIBUTING 19h CONDITION FOR WH Same 21h TIME OF INJURY HOUR A.M. MONTH ER) 21e PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFF ONCE DEL 30 101) view the body after death.	QUENCE OF TO DEATH BUT NOT RELATED TO THE TERM IICH OPERATION WAS PERFORMED DAY YEAR 19 211. HOW INJURY OCCUR! 19 211. LOCATION STREET DEMONSTREET DEMONSTREET DEMONSTREET DEFORMED DEFORMED TO DEATH BUT NOT RELATED TO THE TERM ICH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET DEMONSTREET DEMON	200 AUTOPSY? 200 IF IN CER YES NO STAFF NED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN TO NOVEMBER 24 death occurred on the date and it	YES, WERE FINDINGS USER RTIFYING CAUSES OF DEAT YES NO 18 PART 1 OR PART 2) COUNTY S 2, 19 22 , that (1) (vicinity of the causes state of the causes of the cause of t
Hell 7 13 Hell 7 10 Hell 10 He		gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (1) (this hosp saw the deceased alive or obove, (1) (we) (did) (did in 22b. SIGNATURE	CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH Same 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFF ON VEW PET 30 on view the body ofter death.	QUENCE OF TO DEATH BUT NOT RELATED TO THE TERM IICH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET DOM 9 22 , ond that in (my) (our) opinion DEGREE M.D., ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? 200 IF IN CER YES NO STAFF NED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN TO NOVEMBER 24 death occurred on the date and it	YES, WERE FINDINGS USER RTIFYING CAUSES OF DEAT YES NO 18 PART 1 OR PART 2) COUNTY S 2, 19 22 , that (1) (vicinity of the causes state of the causes of the cause of t
	WEDICAL MEDICAL	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER. NOTHEY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (1) (this hose saw the deceased alive a obove, (Lawe) (did) (did in 22b. SIGNATURE 22d. PRINSICIAN'S NAME (TYPE	CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH Same 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY 1 AT HOME, STREET, PACTORY, OFF ON OVER DEL 30 ON OTHER OF INJURY 1 OF THE CONTRIBUTION	DAY YEAR 19 211. LOCATION STREET 19 212. Ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	20a AUTOPSY? 20b. IF IN CER YES NO STAFF CITY OR TOWN AMEDICAL STAFF DIRECTOR PHYSICIAN 1236. LOCATION	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEAT YES NO 18 PART 1 OR PART 2) COUNTY S 2. 19 22 that (I) (value of the couses stown of the couse s
	WEDICAL MEDICAL	gove rise to immediate couse (10), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE LIFE ETIMEN. NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (1) (this hose sow the deceased alive or obove, (1) we) (did) (did in 22b. SIGNATURE 22d. Fity SICIAN'S NAME (1) SECOND (1) SIGNATURE 22d. Fity SICIAN'S NAME (1) SECOND (1) SECO	CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH Same 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY 1 AT HOME, STREET, PACTORY, OFF ON OVER DEL 30 ON OTHER OF INJURY 1 OF THE CONTRIBUTION	QUENCE OF TO DEATH BUT NOT RELATED TO THE TERM IICH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET DOM 19 22., ond that in (my) (aur) opinion DEGREE M.D., ATTENDING PHYSICIAN 120. ADDRESS 120. COLEGE!	20a AUTOPSY? 20b. IF IN CER YES NOW NOTION CITY OR TOWN ADDICAL STAFF DIRECTOR PHYSICIAN	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEAT YES NO [18 PART OR PART 2] COUNTY SI 2, 19.22 , that (1) (we have and from the couses state of the couse of the couses state of the couse of the couse of the couses state of

STATE OF MARYLAND

ACIL (I. 1914LL NOVEMEN SE 1902 --MALE CAUC. STEELS SECTION 10702 CLEWILL FOAT The state of the control of the state of the eoth. Page 4 may

anding physician and campletely filled in by the carbon papers. Pages 1 and 2 should be filed

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician shauld be detached for use as the burnal transit permit. Then please remove carbon papers. P with the State Dept of Health and Mental Hygiene prior to burnal, cremation, ar removal.

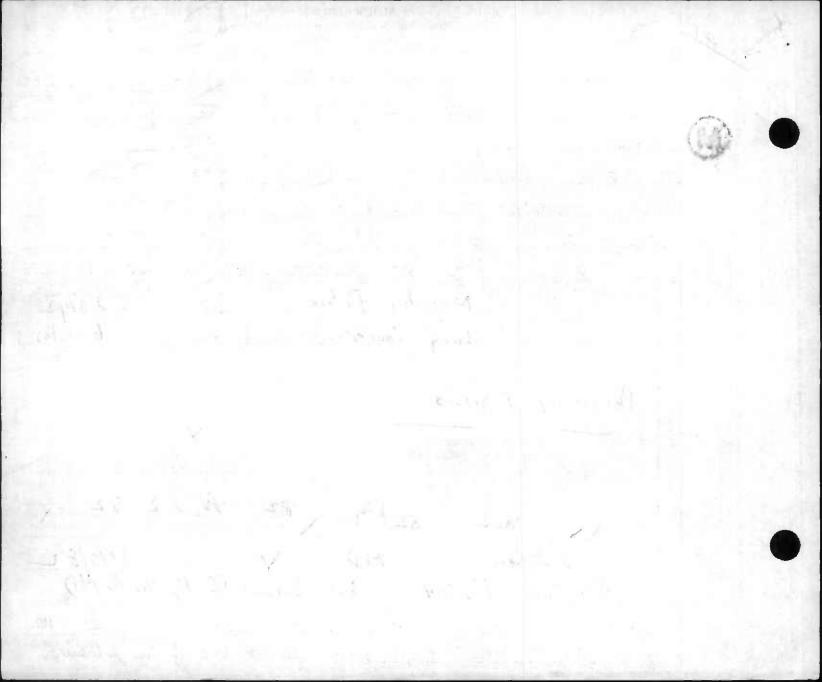
TO HOSPITAL OR ATTENDING PHYSICIAN: The law

IMPORTANT: If Item 21 is morked ar Item 18 shaws any

& get	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH					
	1. DECEASED NAME FIRST	MIDDLE	ŁAST	2a. DATE	OF DEATH	MONTH	0	
a ·wt	(TYPE OR PRINT)	1-			1			

	CEASED NAME	FIRST		WIDDLE	i i	AST	1.2	a. DATE OF DEATH M	ONTH DAY	YEAR	2h HOUR
-	XZXXZXXZXZ	XX.	Ja	mes	Henry	McNama	ra	11/2/82			10 50 PM
3. SE	X	,	4 RACE		5. DATE C	OF BIRTH		AGE (IN YEARS LAST BIRTH	DAY) IF U	INDER I YEAR	IF UNDER 24 HRS
	MALE		CAUCA	SIAN	MAY	30, 191	4	68	YRS.	HS DAYS	HOURS MIN.
	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MA	RRIED 9	BALTIMORE CITY OR	COUNTY OF	DEATH	
	W YORK		U.S.A	١.	WIDOWE		RCED	MONTGOMER!	/		MD
10 C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NUI		OR OTHER INSTITU	UTION I	20 USUAL OCCUPATIO		12b. KIND O	F BUSINESS OR
	KOMA PARK		WASHING	STON ADI	VENTIST	HOSPITA	L	PHOTOGRAPHI	ER	WASH.	. POST
13a S	AL RESIDENCE (IF NURS STATE LY LAND	13h COUN		13c. CITY OR T	OWN SPRING	13d INSIDE CITY	LIMITS?	e STREET ADDRESS 10210 PIE1	RCE DR	IVE	
	THER'S NAME		MIDDLE	140		15 MOTHER'S M					
	JOHN	J.		ICNAMARA	4	ROS	Ë	C. MIDDLE		CLYNE	T
	VAS DECEASED EVER		MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT		ADDRES			
	YES		WII	578-09	9-9730	JEANNE	TTE J.	MCNAMARA	SAME	AS 13	3 WIFE
	18 CAUSE OF DEAT	H (Enter or	ly ane cause pe	r line for (a), (b)	, ondic .	0/				BETWEEN	MATE INTERVAL
	PART I. DEATH W		E CAUSE (a)	No spi	ratory	failure	-			20	200
	162	9	DUE TO, C	OR AS A CONSE	QUENCE OF					1	h
	Canditions, if any		((b)_	Lung	QUENCE OF	PPV		8 36.		61	noutes
	gave rise to immo	ng the	DUE TO, C	R AS A CONSE							
	underlying cause	lost.	(c)_					The same			
z	PART OTHER SIGN	VIFICANT (ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE OR CONDI	TION GIVEN	IN PART 10	3,
ATIO	190, DATE OF OPERA			3/05/3	ICH OBERATIO	N WAS PERFORM	450	200 AUTOPSY?	20b. IF YES, W	EDE EINION	IOC LICED
CERTIFICATION	190. DATE OF OPERA	TION	198 CONL	MION FOR WH	ICH OPERATIO	IN WAS PERFORM	VED		IN CERTIFYIN	IG CAUSES	OF DEATH?
ERT	210. ACCIDENT WAS UN	DERLYING F	21b TIME (OF INJURY		21c HOW INJU	RY OCCURRED	CENTER NATURE OF INJURY	YES [NO []
	OR CONTRIBUTING							(1.4/24 4/4/6/12 6/ 1-3/6/4			
MEDICAL	21d INJURY OCCUR		21e PLACE	.M. OF INJURY	19	211. LOCATION					
×	WHILE NOT WE AT WO	HILE	(AT HOME ST	REET FACTORY OFF	ICE FARM ETC	STREET		CITY OR TOWN	•	COUNTY	STATE
	22a.1 certify that (1)		tal) atterded t	he deceased fro	ım U	En .	19 82	to VOV	2 19	82	that (1) (2) last
	sow the deceas abave, (1) (ve) (ed olive on	ti view the bady	v alter death	9.826 or	nd that in (my) (a	r) opinion de	oth occurred on the date	e and haur on		
	22b. SIGNATURE	//	A DOO	/ difer death.		DEGREE				22c DATE	SIGNED
		11	Elsen.		r			MEDICAL STAFF	пП	1/3/	182
	22d PHYSICIAN'S N	AME (TYPE C	R PRINT)			22e ADDRESS	7 /	1 20 1/	11 .	11 1	IN
	1/01	RTO	NE	=LSON		6525	Belcu.	st No Hy	attsvi	le p	9
23a E	BURIAL, CREMATION,	REMOVAL	23b. DATE	12	3c NAME OF C	EMETERY OR CRE	EMATORY	23d LOCATION		OLUM IV	
	BURTAL		11/5	182	MARYLAN	D VETERA	NS	CHELTENHAM	PR	TGEO	MD.
			IS J. C		55		250 DATE R	PEC'D. BY REGISTRAR 25	REGISTRA	S SIGNATI	URE
	500 UNIV.B				NG.MD.	20901	INOA	8 1982	10 am	you way	ancy

BP______ DHMH - 16 50M 1/81 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	501	
OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAI	2	
OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAI	01	
OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAI		
OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAI	0.4	- 1
OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAI	-	4
OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAI	64	н
OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAI	6.4	
OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAI	-	-1
OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAI	-	- 3
OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAI	79	
OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAI	6m	
OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAI	de	
OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAI	-4	
OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAI		
OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAI	2	
OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAI	-	
OF VITAL RECORDS, 201 W. PRESTON ST.,	OC.	
OF VITAL RECORDS, 201 W. PRESTON ST.,	1	
OF VITAL RECORDS, 201 W. PRESTON ST.,	44	
OF VITAL RECORDS, 201 W. PRESTON ST.,	1000	
OF VITAL RECORDS, 201 W. PRESTON ST.,	2	
OF VITAL RECORDS, 201 W. PRESTON ST.,	-	
OF VITAL RECORDS, 201 W. PRESTON ST.,	3	
OF VITAL RECORDS, 201 W. PRESTON ST.,	ш	
OF VITAL RECORDS, 201 W. PRESTON ST.,	000	
OF VITAL RECORDS, 201 W. PRESTON ST.,	=	
OF VITAL RECORDS, 201 W. PRESTON ST.,	0	
OF VITAL RECORDS, 201 W. PRESTON ST.,	-	
OF VITAL RECORDS, 201 W. PRESTON ST.,	3	
OF VITAL RECORDS, 201 W. PRESTON ST.,	-	
OF VITAL RECORDS, 201 W. PRESTON ST.,	_	
OF VITAL RECORDS, 201 W. PRESTON ST.,	-	
OF VITAL RECORDS, 201 W. PRESTON ST.,	-	
OF VITAL RECORDS, 201 W. PRESTON ST.,	de	
OF VITAL RECORDS, 201 W. PRESTON ST.,	-	
OF VITAL RECORDS, 201 W. PRESTON ST.,	80	
OF VITAL RECORDS, 201 W. PRESTO	_	
OF VITAL RECORDS, 201 W. PRESTO	· In	
OF VITAL RECORDS, 201 W. PRESTO	. *	
OF VITAL RECORDS, 201 W. PRESTO		
OF VITAL RECORDS, 201 W. PRESTO	10	
OF VITAL RECORDS, 201 W. PRESTO		
OF VITAL RECORDS, 201 W. PRESTO	7	
OF VITAL RECORDS, 201 W. PRESTO	6	
OF VITAL RECORDS, 201 W.	-	
OF VITAL RECORDS, 201 W.	0	
OF VITAL RECORDS, 201 W.	-	
OF VITAL RECORDS, 201 W.	10	
OF VITAL RECORDS, 201 W.	VI.	
OF VITAL RECORDS, 201 W.	III.	
OF VITAL RECORDS, 201 W.	-	
OF VITAL RECORDS, 201 W.	BUC	
OF VITAL RECORDS, 201 W.	O.	
OF VITAL RECORDS,	-	
OF VITAL RECORDS,		
OF VITAL RECORDS,	>	
OF VITAL RECORDS,	-	
OF VITAL RECORDS,	-	
OF VITAL RECORDS,	_	
OF VITAL RECORDS,	-	
OF VITAL RECORDS,	0	
OF VITAL RECORDS,	64	
OF VITAL RECORD	0.4	
OF VITAL RECORD		
OF VITAL RECORD	L/h	
OF VITAL	-	
OF VITAL		
OF VITAL		
OF VITAL		
OF VITAL	DC.	
OF VITAL	C	
OF VITAL	0	
OF VITAL	COR	
OF VITAL	COR	
OF VITAL	ECOR	
OF VIT	RECOR	
OF VIT	RECOR	
OF VIT	L RECOR	
	7	
	7	
	7	
	7	
	7	
	7	
	7	
	7	
	7	
DIVISION	7	
DIVISIO	OF VITAL	
DINISIC	OF VITAL	
DIVIS	OF VITAL	
DIVIS	OF VITAL	
DIVI	OF VITAL	
Ald	OF VITAL	
VIQ	OF VITAL	
Id	OF VITAL	
	OF VITAL	

	FOR STATE REGISTRAR	DEPARTN	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 2 REG. NO.	9740
	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH D	AY YEAR 2b. HOUR
	Mary	G.	MELTON	11 2	7 &2 8º 1 M
3. SE	female	white	S. DATE OF BIRTH Aug. 8, 1917		IF UNDER 1 YEAR IF UNDER 24 HRS.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery	OF DEATH ME
	Rockville	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) Shody Grove Adv	rentist Hospital	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE NOUSEWITE	12b. KIND OF BUSINESS OR INDUSTRY home
13e. S	STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NITY 136. CITY OR TOWN ROCKVI	136 INSIDE CITY LIMITS?	130 STREET ADDRESS 1305 Crawford I	
14. FA	Joseph	Gaydos Gaydos	15. MOTHER'S MAIDEN NA Mary	MIDDLE	Chovaneo
(WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	9806 Bette Listma	an Rt.1 Box 30-C S	anBenito, Texas
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	cardial Refuset	ei	10 hrs
		CONTRIBUTIONS CONTRIBUTIONS	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART 1
TIFICATION	PART 2. OFFER SIGNIFICANT Sultu orus 190. DATE OF OPERATION	my Eduna Hy	peration was performed		Monshako & Dik , WERE FINDINGS USED (ING CAUSES OF DEATH?
CAL CERTIFICATION	Vulmon	19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA	21c HOW INJURY OCCU	200 AUTOPSY? 20b. IF YES, IN CERTIFY	Shoushoho & D. JA , WERE FINDINGS USED ING CAUSES OF DEATH?
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE CAUSE OF DE LIFE EITHER, NOTIFY DE LIFE EITHER, NOTIFY MEDICAL EXAMINE CAUSE OF DE LIFE EITHER, NOTIFY DE LIFE EITHER,	19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR 19 21t. HOW INJURY OCCUP	20g AUTOPSY? 20b. IF YES, IN CERTIFY	Shoushold & D. JA , WERE FINDINGS USED ING CAUSES OF DEATH?
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (18 ETHRER, NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that (1) (this hasp sow the deceased alive o	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	AY YEAR 19 21f. HOW INJURY OCCUP 19 21f. LOCATION STREET	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES NOTHING THE NEED (ENTER NATURE OF INJURY IN ITEM 18 PA	Merchelis + D)
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (18 ETHRER, NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that (1) (this hasp sow the deceased alive o	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21a. PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE, F. 21b. View the body after death.	AY YEAR 19 21f. LOCATION STREET 21f. LOCATION STREET 21f. LOCATION STREET DEGREE	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NOW YES NOT	Monchets & D. Ja. WERE FINDINGS USED (ING CAUSES OF DEATH? NO NO NO STATE

250. DATE REC'D. BY REGISTRAR 256. RESISTRAR'S SIGNATURE COLLEGISTRAR'S SIGNATURE COLLEGISTRAR'S

1331 Rockville Pike Rockville, Maryland

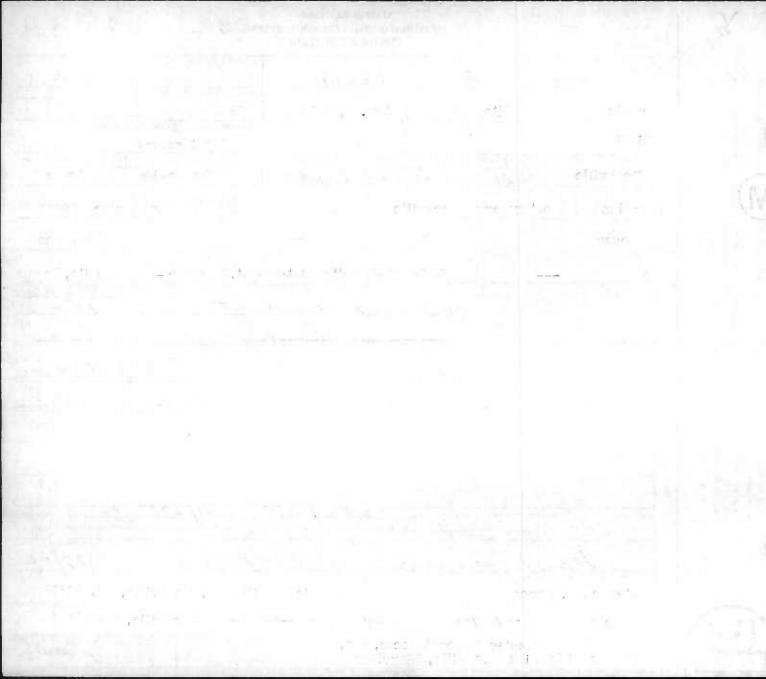
BP_____ DHMH - 16 50M 4/82 (VRA 15, 4)

the funeral director, page 3 within 72 hours after death

WPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other troumotic event, the medical examiner must be notified af once.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complet should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The etained by the hospital ar attending physicion

		FOR
ı	-	STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	2	2	9	7	4	

		REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.			
		EASED NAME	FIRST	A	AIDDLE	i	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOU	R
	(ITPE	OR PRINT) HAF	RRY	LEON	CE	MEI	RRICK	November	12, 1	.982	2am	М
	3 SEX	(4. RACE		5. DATE C		6 AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER 1 YEAR	IF UNDER	THE RESERVE OF THE PERSON NAMED IN
		male		White			ober 12, 1903	79	YRS	MONIHS DATS	HOURS	MIN.
4		RTHPLACE ISTATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH		
4		hio		United	States	WIDOWE		Montgome	ery			MD.
Ò		ty or town of dea Potomac		10231°G	ainsbourg	n Ros	ad	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Executive	OF WORKING	12b. KIND C INDUSTRY rtising		
5	Ma		Monte Monte	other institution. ITY Somery	Potomac		13d INSIDE CITY LIMITS? YES NO 4	136 SIREET ADDRESS 10231 Gai	insbou	rgh Rd.	2085	54
0	14. FA	Harry	1	MIDDLE	Merrick		George 15. MOTHER'S MAIDEN NAME OF THE STREET	WE	Cr	awford	57	
	160 W	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17. INFORMANT		RESS			
	1,1	ES. NO OR UNKNOWN)	n/s	WAR OR DATES)	578-05-3	8886	Mary Merrick	(wife) se	e ite	11 -		
		18. CAUSE OF DEAT			line for Ja), (b), and	(c1.)			- 11	AFPROX BETWEEN	MATE INTER	VAL DEATH
		PART I. DEATH W		E CAUSE (a)	Conge	stive	Heart Fair	luve		10	vecte	
		3580)	DUE TO, OI	R AS A CONSEQUE	NCE OF						
		Conditions, if any,		(b)_	Myas	then	a Gravis			41	nonT	15
		gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF									736	
		underlying couse		((c)								
	z	h)		1 1	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CO	NDITION G	IVEN IN PART 1	01	1
-	VTIO	190 DATE OF OPERA	B.		TION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20h IE V	ES, WERE FINDI	JOS LISES	
1	CERTIFICATION		V			OFERATIO		YES NO	IN CERT	IFYING CAUSES		H?
3		210. ACCIDENT WAS UNE	_	1 21b. TIME O HOUR A.		Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN.	IURY IN ITEM 18	, PART 1 OR PART 2]		
	CAI	(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	P./		19				Mari		
	MEDICAL	21d. INJURY OCCUR! WHILE NOT WE AT WORK		21e. PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	NWC	COUNTY	ST.	ATE
		22a.1 certify that (I)	(this hospi	tal) ottended the	e deceased from_	Valy	7 19 72	_ to_ ADV.	12		that (I) (v	
		sow the decease above, (I) (we) (c	ed plive on did) (did no	T view the body	ofter death.		nd that in (my) (aux) opinion (deoth accurred on the	date and ha			ited
		22b. SIGNATURE	91		2011		ATTENDING	MEDICAL ST DIRECTOR PHYS	AFF	22c. DATE	SIGNED	2
		226. PHYSICIAN'S NA	AME (TYPE O	R PRINT)	,,,,,		22e ADDRESS	J DIKECTOK (L. 11113	ICIAIT L	1 7 7 7 7	/ -	
		Clifto	n R.	Gruver l	M.D.		1145 19th S	St. N.W. Wa	shing	ton, D.C		
	230 B	urial, CREMATION, Cremation	REMOVAL	12 Nov			emetery or crematory ematory	23d. LOCATION CITY OR TOWN Washing	ton,	D.C.	STA	TE

DHMH-16 60M 1/73 (VR A 15(4))

10 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial and to should be detached for use as the burial-transit permit. Then please remove carbonpapers. Payer I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is morked or Item 18 shaws ony injury, or ather troumatic event, the

24. FUNERAL DIRECTOR

J. William Lee's Sons Co. 300°4th St. N.E. Wash.

REGISTRAR'S SIGNATURE 250. DATE REC D.01

El a dina de la seria del seria de la seria del seria de la seria del seria de la seria del se

of different colors in . I will be able to the color of the

FOR 1 - STATI

physicion and campletely filled in by the Inpapers. Pages 1 and 2 should be filed will

FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician

should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If them 21 is marked or them 18 shows any

injury, ar ather troumatic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 2

9 / 4 2

- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO				
I. DECEASED NAME (TYPE OR PRINE)	Andr		W.		emietz	November	29	, 1982	26 HOUR 10:40 a.r	
^{3. SEX} Male		4 RACE White		5. Date Of Birth Oct. 25, 1914		6. AGE (IN YEARS LAST BIRTH	YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		
North Dakot		76. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED NEVER MARRIED WIDOWED DIVORCED		9. BALTIMORE CITY OR COUNTY OF DEATH Montgomery County			y MD.	
01ney		Monte	FHOSPITAL, NURSING HOME OR OTHER INSTITUTION UCH FACILITY, GIVE STREET ADDRESS) COMETY General Hospital			126 USUAL OCCUPATION 126 KIND OF BUSINESS OR IT OF BUSINESS OR IT OF BUSINESS OR RETIRED ROCKVILLE Fuel & Feed				
USUAL RESIDENCE (18) 130. STATE Maryland	13b COUI Mon	tgomery	GIVE RESIDENCE BEFORE 131 CITY OR TOW ROCKVIII	ADMISSION	13d. INSIDE CITY LIMITS?	13°13'224 Turk	key E	20 Branch P	853 arkway	
14. FATHER'S NAME FIRST Joseph		MIDDLE	Miem	nietz	Agnes	C. MIDDLE		Kar	npia	
160. WAS DECEASED ET (YES NO OF UNKNOWN YES		MED FORCES?	105 05		Gladys M. N	ADDRES Aiemietz san		s 13e		
	H WAS CAUSE		line for (o), (b), on	d (c).	rast			BETWEEN	ONSET AND DEATH	
Conditions, if a gove rise to couse (0), st underlying co	ony, which	DUE TO, O	RASIA CONSEQUE AT LULIUM RASIA CONSEQUE	ENCE OF	cartial on	fact		48	lır.	
	IGNIFICANT	TELLAY		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION G	IVEN IN PART 1	o l	
19a. DATE OF OP	RATION	19b. CONDITION FOR WHICH OPER			N WAS PERFORMED	200 AUTOPSY? 200. (F YES, WERE FINDINGS US			OF DEATH?	
	CAUSE OF DE	NIH .	M. MONTH DA	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18	PART 1 OR PART 2)		
	T WHILE WORK	21e, PLACE (AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR TOW	'N	COUNTY	STATE	
220.1 certify tho	.110	e deceased from_	11/1	nd that in my (our) opinion	death occurred on the dat	e ond ho	, 19 <u>82</u> ,	that (1) (we) lost		

sow the decessed elive on above, (1) I we) (did) (did not) view the body ofter deoth.

Signature

Demi el Administration

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

1129/8:

22d PHYSICIAN'S NAME (TYPE OR PRÍNT)

Daniel Anderson, M.D.

22e. ADDRESS

18111 Prince Philip Dr. Olney, Md. 20832

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

12/2/82

23t. NAME OF CEMETERY OR CREMATORY 23d. LOC.

tery Silver Spring, Maryland

1331 Rockville Pike Rockville, Maryland 20852

23b. DATE

250. DATE REC'D. BY REGISTRAR 251.

John & Coming

DHMH - 16 50M 4/82 (VRA 15, 4)

0

etoined by the hospitol

BP

ive live the property of the state of the st y the funeral director, page 3 ed within 72 haurs after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample should be detached far use as the burial-transit permit. Then please remove carban-papers. Pages, I and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

retained by the haspital ar attending physician.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

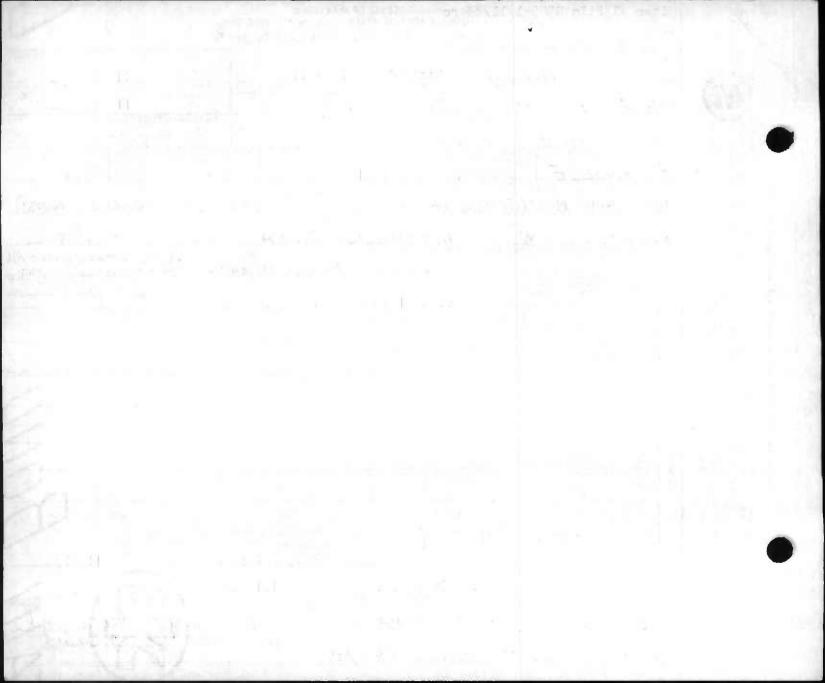
after death. Page 4 may be

	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 2 2 9 /	4
	CEASED NAME DE FIRST	A EStelle	e Miles	20 DATE OF DEATH MONTH DAY YEAR 26	HOUR
3. SE	Female	4 RACE White	5. DATE OF BIRTH Dec. 7,1891	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF U MONTHS DAYS HOT	JNDER 24 H
	SIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	1/11 - 0 0 0 0 0 0 0 0 0 0 0	
G	aithersburg	Wilson Health	Care Center	1 120. USUAL OCCUPATION 12b. KIND OF 8U (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife	JSINESS
13a. S	STATE 13b COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW Clarks by	IN 13d. INSIDE CITY LIMIT	14201 Lewisdale Rd.	ζ, [
	Frank	Nicholson Nicholson	15. MOTHER'S MAIDER Annie	MIDDLE Dillehay	
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECULIVE WAR OR DATES) 215-48-6		ADDRESS Doley, Item 13	
	gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUI	D-Chr. C., ENCE OF Atherosclevo		
CATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO		TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 200 AUTOPSY? 200 IF YES, WERE FINDINGS ON THE PROPERTY OF T	USED
L CERTIFICATION		19b. CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE OPERATION WAS PERFORMED 216 HOW INJURY OF	200 AUTOPSY? 206 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF E	USED DEATH?
MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216 TIME OF INJURY HOUR A.M. MONTH D.	DEATH BUT NOT RELATED TO THE OPERATION WAS PERFORMED 216 HOW INJURY OC 19 211 LOCATION	200 AUTOPSY? 200 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF E YES \(\text{NOW} \) NO \(\text{VES} \)	DEATH?
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFE ETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK 220.1 certify that (1) (this hasp	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	DEATH BUT NOT RELATED TO THE OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET 19 DEGREE ATTENDIN	200 AUTOPSY? YES NOD YES NO PYES NO P	STATE (II (we)) es stotec
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this hasp sow the deceased alive at above, (1) (was) (did) (did a) SIGNATURE 21d. PHYSICIAN'S NAME (TYPE)	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F. 21b. Time of injury HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F. 21b. View the bady alter death.	DEATH BUT NOT RELATED TO THE OPERATION WAS PERFORMED AY YEAR 19 21c HOW INJURY OC STREET 19 DEGREE ATTENDIN PHYSICIA 22e. ADDRESS	200 AUTOPSY? YES NO PYES NO P	STATE (II (we)) es stotec

30. 7,121 0 10 10 elterrant disponentia erro James Bourer . Sand today (22 icheil. 15-6-1 ALMER CAME CAME FOR FREE A 11 -73 31.11 05 the state of the s and thereases, and limited the state of the meter of the steem

. To proper of the country and the

Ju '	1-	tem #1 Film G575 1/11/83 rc STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	744
W. contribution 1999	1. DE	CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN X MONTH OF ESTI-	DAY YEAR 26. HOUR
	3. SEX	Chi istopher Michael Mitchell	16 19 82 M 16 19 82 2: 42P OF DEATH
DELAY IS MED 170 THE FUNE N PAGE 5-FO 18 FILED, WIT 205, 201 W PH	10. CI	luce Spring Md U. S. A WIDOWED - DIVORCED - Montgomery Cou	INTY, MD. RE KIND OF BUSINESS OR INDUSTRY
ST., BALTIMORE, MD. 21201 OURS AFTER DEATH. IF ANY DELAY IS NO SIVE PAGES 1, 2, AND 3 TO THE FURNITY PORM PRM. 3. RETAIN PAGES 1 AND 2 SHOULD BE FILED. IE, DIVISION OF VATAL RECORDS, 201 W.	130. S M 14. FA	TATE ARYLAND NONTGOMER BARNESVILE ATHER'S NAME FIRST MIDDLE 13c. CITY OR TOWN 13d. INSIDE (117 LIMITS? YES NO 18310 BARNESVILL 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDLE MIDDLE MIDDLE MIDDLE MIDLE MIDDLE MIDLE MIDLE MIDLE MIDLE MIDLE MIDLE MIDLE	E ROAD
S AFTER DE GIVE PAGE ITH FORM PAGES I AN INSIGN OF	16a. V	VATRICK W NITCHELL DONNA L PO NAS DECEASED EVER IN U.S. ARMED FORCES? ES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO UNKNOWN PATRICK MITCHUL BARNES V	CUESVILLE ROLLINGE APPROXIMATE INTERVAL
201 W. PRESTON. UTED WITHIN 24 H IN PENCIL IN ITEM EXAMINER ALON STAL. TRANSIT PERSTON MENTAL HYGIER ON, OR REMOVAL		CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: 19 80 IMMEDIATE CAUSE (o) Sudden Infant Death Syndrome Conditions, if ony, which gove rise to immediate cause (o) stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c)	BETWEEN ONSE! AND DEATH
L RECORDS, JID BE EXEC "PENDING" F MEDICAL ED AS A BUR HEALTH AN IL, CREMATII	ATION	PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
DIVISION OF VITAL RECAINER: THIS CERTIFICATE SHOULD BE FORWARDED TO THE CHIEF ME CTOR: PAGE 3 SHOULD BE USED AS HOTE STATE DEPARTMENT OF HEAL CHAND, 21201 PRIOR TO BURIAL, CR.	CAL CERTIFICATION	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19	YES YNO []
DIVISI THIS CERT E, WRITING WARDED PAGE 3 SP STATE DEP	MEDICAL	216 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, WHILE AT WORK 21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21l LOCATION STREET CITY OR TOWN COUN	ITY STATE
AL EXAMPLE CERTIFICATION OF THE CERTIFICATION OF TH			11/17/82
TO MEDIC EXECUTE 1 PAGE 4 S TO FUNE AFTER DE/ BALTIMOR	230.B	EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS III Penn St. Balto., UTYPE OR PRINT) 236. NAME OF CEMETERY OR CREMATORY PROCESS 236. NAME OF CEMETERY OR CREMATORY COUNTY OR TOWN COUNTY OR TOWN COUNTY OR TOWN COUNTY	Y STATE
DHMH - 17 (VR A15 ME (5)) 20M 4/82	24. FI	BURIAL 11/9/82 ST. MARYS UNERAL DIRECTOR WARNESUILLE HORE UNERAL DIRECTOR NOV 2 9 1982 Summer Land Director NOV 2 9 1982 Summer Land NOV 2 9 1982	Course



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAK			~~	TEATE OF BEATT	F	EG. NO.			
1. DECEASED NAME FIRST		WIDDLE		LAST	2a. DATE OF DE	HINOM HTA	DAY	YEAR	2b. HOUR
	eline	M.ary	Mitc	hell .	Novemb	er 12	198	32	9:40A
3. SEX	4. RACE		B. B		6 AGE (IN YEARS	LAST BIRTHDAY)			
female	whit	е			63	Y			
₹a. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	D NEVER MARRIED	9 BALTIMORE	CITY OR COU	NTY OF D	EATH	
Canada			WIDOWE	DIVORCED		omerv	Count	y	MD
IO. CITY OR TOWN OF DEATH				OR OTHER INSTITUTION					
Olney				1 Hospital				Но	me
USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION			1134 INSIDE CITY LIMITS?	13s STREET ADD	RESS			
		Fulton		YES NO			eridg	e St	20759
14 FATHER'S NAME	MIDDLE	Milette			AME				
Henri-Jean	MIDDEL .	Markan		Grace			Mo		
		166. SOCIAL SEC	URITY NO.	17 INFORMANT	746	50DBF OW	n Bri	dge	Road
no	GIVE WAR OR DATES	577 01	5735	Lucy M. Orn					
18 CAUSE OF DEATH (Enter	only one couse pe	r line for (a), (b), a	and (c).)			-		APPROX	ONSET AND DEATH
a - IMMED		WIDELY	MET	ASTATIL END	OMETRIAL	CARCINO	Amo	24	REARS
1820		R AS A CONSEQU	LIENCE OF						
Conditions, if ony, which	((b)	N NO N CO. ISC	02.102.01						
gove rise to immediate cause (a), stating the	DUETO	P AS A CONSECU	LIENCE OF	-					
underlying couse lost.	(6)	K AS A CONSEGN	001400						
	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE O	RCONDITION	GIVEN IN	PART 1	0
NO									
190. DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPS	(? 20b II			
E E					YES N	_	YES [CHOSE	NO [
210. ACCIDENT WAS UNDERLYING	110110 4		DAY YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE	OF INJURY IN ITEA	N 18 PART I O	RPART 2)	
OR CONTRIBUTING CAUSE OF	DEATH		19						
21d. INJURY OCCURRED				211 LOCATION	C	TY OR TOWN	C	DUNTY	STATE
WHILE NOT WHILE AT WORK	(AT NOME, SI	REET, PACTORY, OFFICE	E, PARM, ETC.)						
22a.1 certify that (1) (this ho		e deceased from	MOG	H 19 8	10 NOV	12,	, 19_2	5.	, that (1) (we) last
sow the deceased plive abave, (1) (we) (did) (did		after death.	8 en , a	nd that in (my) (our) apinio	n death accurred o	the date and	hour and	from the	causes stated
22b. SIGNATURE	011	7		DEGREE	5 4	- 1	2	2c. DATE	SIGNED
Lugar	4.07	Lanner		MO ATTENDING	MEDICAL DIRECTOR [11/1	2/82
224 PHYSICIAN'S NAME (TYP	PE OR PRINT)			22e. ADDRESS		E PH	ILIP	DR	
Jacqueline M.ary Mitchell November 12, 1982 9.44 SEX female White Dec 30,1918 AGE (MITARS AST METHOD) Female White Dec 30,1918 AGE (MITARS AST METHOD) BERTHELACE (SATIONIONION DECIDED No MATERIAL PROPERTY OF THE METHOD) BERTHELACE (SATIONIONION DECIDED NO MATERIAL PROPERTY OF THE METHOD) LEGIS OF TOWN OF DEATH U.S. A. WOOL U.S. A. WOOL WITHOUT ONLY OF THE METHOD OF BUSINESS (MITARS ASSESSED DECENTRAL PROPERTY OF THE METHOD OF BUSINESS (MITARS ASSESSED DECENTRAL PROPERTY OF THE METHOD OF BUSINESS (MITARS ASSESSED DECENTRAL PROPERTY OF THE METHOD OF BUSINESS (MITARS ASSESSED DECENTRAL PROPERTY OF THE METHOD OF BUSINESS (MITARS ASSESSED DECENTRAL PROPERTY OF THE METHOD OF BUSINESS (MITARS ASSESSED DECENTRAL PROPERTY OF THE METHOD OF BUSINESS (MITARS ASSESSED DECENTRAL PROPERTY OF THE METHOD OF BUSINESS (MITARS ASSESSED DECENTRAL PROPERTY OF THE METHOD OF BUSINESS (MITARS ASSESSED DECENTRAL PROPERTY OF THE METHOD OF BUSINESS (MITARS ASSESSED DECENTRAL PROPERTY OF THE METHOD OF THE									
230 BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d. LOCATIO	N			
burial	11/15	/82 C	hrist	Church Cem.	Columb	ia.How	ard M	arvl	and
24. FUNERAL DIRECTOR				25a. D.					
SLACK Funeral Ho	me, Ellic	ott City	Maryl	and 21043 N	UV 1 6 19	32 /3	-an	Jan (sheel

K"Funeral Home, Ellicott City, Maryland 21043

DHMH - 16 50M 4/B2 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If Item 21 is marked or Item 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by

O HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician. njury, or other troum

EPT,02.30 order . A to be even forth the zero events of the forther promit a profite complete to the second second at the burned to the second of the se fig. . womel com, literature every are and alexa to a literature.

ST., BALTIMORE, MARYLAND 21201
ST.
Z
0
S
8
W. PRESTON
5
20
0
ő
Ü
œ
A
=
L
0
Z
Sic
DIVISION OF VITAL RECORDS, 2
0

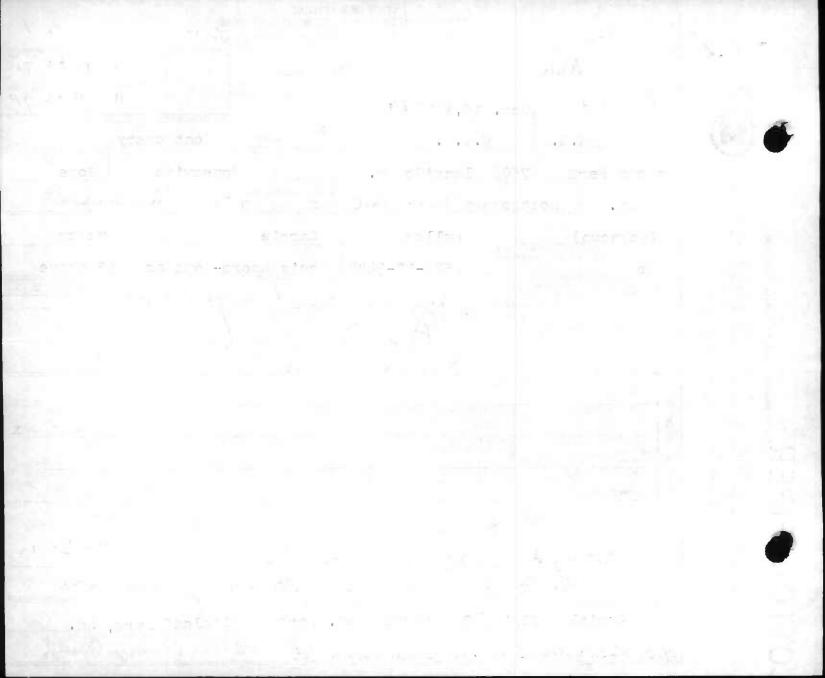
, page 3

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often retained by the hospital or attending physician.

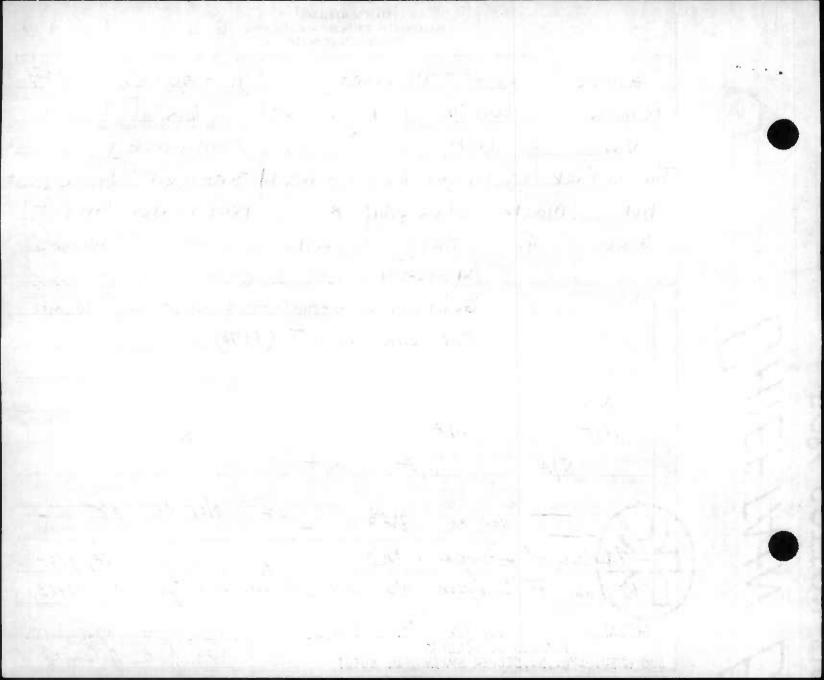
6	Ite	em #15 Film G57	4 12/20/82 r	C	OF MARYLAND EALTH AND MENTAL HYG	IENE 8 2	2 9	7 4	6
	1-	STATE REGISTRAR			CATE OF DEATH	REG. NO			
		CEASED NAME FIRST	MIDDLE	0.4	AST	20. DATE OF DEATH		YEAR 2b. H	OUR 02
		Kosali		ronce Moc	han		1-27-8	20/	TAM
	3. SEX	X Table 1	4 RACE	MONTH	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS	DAYS HOUR	DER 24 HRS
THE STATE OF	2 01	remaie	White	10	- 5-92	90	YRS.	ATN	
W	a. Bi	RTHPLACE (STATE OR FOREIGN EQUINTRY)	76. CITIZEN OF WHAT CO	MARRIE	DINEVER MARRIED DINORCED DI	9. BALTIMORE CITY OF	never (mate	. 40
-	10. CI	ITY OR TOWN OF DEATH	INTTED KING	, NURSING HOME O		12a. USUAL OCCUPATION OF WORK FOR MOST OF	N 12b.	KIND OF BUS	NESS OR
68	5,	Iver Spring	(IF NOT IN SUCH FACILITY.	WOSS H	spital	NURSE	WORKING LIFE) IND	USTRY	
25	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR		OR TOWN	138. INSIDE CITY LIMITS?	13e, STREET ADDRESS			
20		ARYLAND MONTGO	OMERY KENSI	NGTON	YESXX NO [4410 COLFA			895
50	14 FA		ARLES P	AUL.	15. MOTHER'S MAIDEN NAM FIRST HELEN	MIDDLE	urman-Be	PAST	
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOC	IAL SECURITY NO.	17. INFORMANT	ADDRES			-
1	(YES, NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES)	18-78-803	A CARMEN VICE	KERS SAME	AS 13	DAUGH	TER
7	FICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (A) 190 DATE OF OPERATION	DUE TO, OR AS A CO	ONSEQUENCE OF ONSEQUENCE OF ING TO DEATH BUT	NOT RELATED TO THE TERM CA NOWS DV N WAS PERFORMED	INAL DISEASE OR COND LISTER OF T	ITION GIVEN IN F	PART Ito	SED EATH?
6	CERTIFI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR	YES NO K	YES	PART 2)	
9	_	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MOI	NTH DAY YEAR					
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR	Υ	211. LOCATION STREET	CITY OF TOW	n coi	YTML	STATE
		220.1 certify that (1) (this hospi saw the deceased alive an above, (1) (wol.(did) (did no	NOV 26	2 19 8 2 00	od that in (my) (and appinion of	death occurred on the da		2, that (I	(we) last
	5	Daniel 10	Posent		ATTENDING PHYSICIAN	MEDICAL STAF		DATE SIGNE	182
1		22d. PHYSICIAN'S NAME CITYPE C	OR PRINT)		220 ADDRESS 1040		CTILLY	AU ST	606
		PANIEL K	OSENBLUM		Ken	212620	MD Z	20895	
	23a. E	BURIAL, CREMATION, REMOVAL (SPECIFY) BURTAL	12/2/82		EMETERY OR CREMATORY F HEAVEN	23d LOCATION CITY OF TOWN SILVER SPI	27 NG	MONT	Mb.
10	24. FI		CIS J. COLLIN		25a. DAT	E REC'D. BY REGISTRAR	REGISTRAR'S	110111	4
2	5	ON LINITU RIVD (0901 DE	C 6 1982	blund	idual	*

STATE OF MARYLAND



0	
~	
0.4	
-	
C	
0	
Z	
=	
-	
_	
>	
8	
d	
3	
5	
-	
W.	
8	
0	
=	
2	
-	
-	
-	
4	
00	
mad	
2	
-	
ST	
7	
-	
0	
=	
ST	
ш	
-	
OC.	
4	
>	
3	
=	
0	
CI	
-	
S	
-	
8	
OC.	
0	
9	
Ü	
-	
000	
-	
-	
4	
-	
-	
>	
-	
4	
0	
-	
Z	
-	
0	
4.40	
/ISI	
=	
2	
=	
-	

	1				STATE OF MARYLAND		0 2 4 0
6		1.	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL HY	GIENE 8 2 2	9 / 4 8
P			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
			CEASED NAME LOTS	. ADAIRE	LAST	24. DATE OF DEATH MONTH DAY	20.1100
9 × 6		,,	AND VOLVEY OF YOUR LOTS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	oriarty	11 - 30 - 82	8 95 pm
		3. SE	(4 RACE	5. DATE OF BIRTH -		UNDER I YEAR IF UNDER 24 HRS
ENA?		T	emale	White	MONTH DAY YEAR	62 YRS.	THIS DATE MOOKS MIN.
16.0	50-		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED MEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	FDEATH
nerd n 72	503	20	VA.	USA	WIDOWED DIVORCED	Montgomer	MD.
er d with	Pe	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN [IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPADON	KIND OF BUSINESS OR
rs off by th	notif	18	Koma Park	Washington.	Adventist Hospita	(TYPE OF WORK FOR MOST PHONE THANK	Charlesons
n pe	e P	/USU	AL RESIDENCE, (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 1134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	20903
filled fulled	150		md mo	nt. Silver	SPRING YES NO [1804 mades	Stecat
> %	nine	14 F/	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	C . IAST
mplete and 2	150		Wade	H. BRZQ	a Loila	MIDDEL .	Thomas
d co	lico		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	RUY NO. 17. INFORMANT	ADDRESS	
n and c	medical		NO	219-05	1171 FOWARD T	MORTARTY SAME AS	13 HUCRAND
hysicia papers	the.			nly ane cause per line far (a), (b), an	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy phy phy phy phy phy phy phy phy phy	event, th		PART I. DEATH WAS CAUSE	TE CAUSE (0) General	ized metasta:		
ding orbo			1747	DUE TO, OR AS A CONSEQUE	ENCE OF 1		
ation,	traumatic		Conditions, if any, which	(16) Carcino	0.0000	1978)	
the remo			gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		
that d by lease iol. cr	or other		underlying cause last.	(c)			
gne bur		_	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN	IN PART 1(a)
requestra si	, rinjury,	ō.	None.				
low s be ermit	Sony	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, V	VERE FINDINGS USED NG CAUSES OF DEATH?
The cian.	Shows	RTIF	1.1	/۷/ /3		YES NO X YES	
AN: physical front front front	00		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH / D	AY YEAR 116. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2}
ding physici ding physici is certificate burial-transi Mental Hygi	or Hem	MEDICAL	(IF EITHER, NOTIFY MEDICALEX ANDE	P.M. N	J 19 N J		
PHYS ritendin er this the bu		MED	21d INJURY OCCURRED	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
NG The off	marked		AT WORK		AA A11 955	N/0 30	87
OR: A	is.		22a.1 certify that (1) (this hosp saw the deceased alive ar	not) attended the deceased fram_	May 19 82	death accurred an the date and haur a	, that (I) (we) last
R ATTEI haspita IRECTOI hed for	m 21	to	abave, (1) (we) (did) (did) no	t) view the bady after death.		death accurred an the date and haur a	
0 0 0 00	# #	->	226. SIGNATURE	I. Ammer.	DEGREE ATTENDING	MEDICAL STAFF	220. DATE SIGNED
by the ERAL ERAL State		-	- Outure	- Super	PHYSICIAN)	DIRECTOR PHYSICIAN	10/1/02
TO HOSPITAL retained by the TO FUNERAL should be deticated with the State	RIA		22d. PHYSICIAN'S NAME ITYPE	5 Simpson	mo 8106 NH 0	We Silv Spr. n	1 20903
O HOSE etoined TO FUNI should b	S I		voilliam v			3,,,,	10/00.
	_	23a.	SURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	-	24.5	BURIAL	12/4/82	GATE OF HEAVEN	SILVER SPRING	MONT MD.
DHMH - 16 50M 4	/B2			ICIS J. COLLINS	MD 20001 DEC	4000	O CALLED
(VRA 15, 4)		5	00 UNIV.BLVD., W	SILVER SPRING.	MD. 20901 UEU	3-1982 police	In country



ond completely filled in by the funeral direct ages 1 and 2 shauld be filed within 72 hours

should be detoched far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar remaval.

TO FUNERAL DIRECTOR. After this certificate hos been

IMPORTANT: If Item 21 is morked or Item 18 show

etoined by the hospital or attending physician.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

injury, or other traumotic event, the

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.			1		
	CEASED NAME	FIRST	A	AÏDDLE	i.	AST		ONTH DA	AY YEAR	2b. HOUR		
{III	Cla	aire		D.	Mor	ss	1.3	-20-	-82	4:58P M		
3. SE	X	4	RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHE		ONTHS DAYS	IF UNDER 24 HRS		
	Female		Cauc	3.	Oc	t. 23, 1901	80	YRS.	ONIHS DAYS	HOURS MIN		
	IRTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR					
	New York		U.S.	.A.	WIDOWE		Montgome	ту Сс	ounty	MD		
	olney, MD	тн [11	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	eral Hosp.	(TYPE OF WORK FOR MOST OF V Secretary					
130	AL RESIDENCE (# NURS STATE Maryland	13b COUNTY		GIVE RESIDENCE BEFORE 130 CITY OR TOWN Silver S	N	13d INSIDÉ CITY LIMITS? YES & NO []	13e STREET ADDRESS 15301 Pine	Orcha	ard Dr.			
	Solomon	DeVrie		LAST		15 MOTHER'S MAIDEN NA/ Carolyn	AN IDD15		LAS	ST		
160	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARME (IF YES, GIVE WA		166 SOCIAL SECU 065-10-8		17. INFORMANT Richard Mors	s Laurel. N			708		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Condumbrang Arrest. 4100 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF											
Z			NDITIONS CO	INTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVE	N IN PART 1	0		
CERTIFICATION	19a DATE OF OPERAT	TION S	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NOB	IN CERTIFY	ING CAUSES			
	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC.	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	URY MONTH DAY YEAR 19 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) JURY 211. LOCATION							
MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WO	RK		EET, FACTORY, OFFICE, F		STREET			COUNTY	STATE		
	sow the decease abave, (Dwe)	this haspital ad alive an lid (did not) v	ottended the	e deceased fram	//-/ 2, ar	nd that in (my) (our) opinion (ta //- Z	and hour		that (we) lost couses stated		
	22b. SIGNATURE	ofst	6			DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	N []	11-22	SIGNED 0-72		

BP.

DHMH - 16 60M 1/75 (VRA 15 (4))

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Alberto Rotsztain

22d. PHYSICIAN'S NAME (TIPE OF PRINT)

Removal

231. NAME OF CEMETERY OR CREMATORY Nov. 21, 1982 Georgetown Med. School

23d. LOCATION

Me ADDRESS 3701 Rossmoor Blud

Silver Spring, Md.

FUNERAL DIRECTOR Columbia Mortaury Services, Inc. 225 Missouri Ave. NW Washington, D.C.

Washington, D.C.

20906.

V CONTRACTOR X Self to F. Sandarova C. Carlotta C. Lander Company of the Company And therefore was the total a patrict world dead the front Social American Control Common Service of the Control of the Contr . If the second control of the second contro

	1	FOR STATE REGISTRAR	DEPAR	STATE OF MARY MENT OF HEALTH AND CERTIFICATE OF	MENTAL HYG	DENE 8 2	2 9	9 / 5
lroth		CEASED NAME FIRS BI E OR PRINT) BARBI	ARBARA MIDDLE NORO	POSE LAST	MUIR	20 DATE OF DEATH	MONTH DAY	82 104
A	3. SE	Female	4. RACE White	5. DATE OF BIRTH	1913	6. AGE (IN YEARS LAST BIR	HDAY) IF UNI	DER I YEAR IF UNDER 24 H
1	7g. 8	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER	MARRIED IVORCED	9 BALTIMORE CITY O		COUNTU
70	10 C	ethesda	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE SUBULT BAN	NG HOME OR OTHER IN TADDRESS)	Bet hesd	12a USUAL OCCUPATION OF WORK FOR MOST OF Secretar	ON 12 F WORKING LIFE) IN	b. KIND OF BUSINESS IDUSTRY Dept. Agricultur
od 15	13a M	d. 20815 Mon	or other institution, give residence befo UNTY 13c. CITY OR TOV tgomery Chevy (WN 13d. INSIDE	CITY LIMITS?	13e. STREET ADDRESS 2618 Spen	cer Road	
3 Sexomine	14. F.	Theodore	W. Norcros		rs MAIDEN NAM	MIDDLE	Cleve	land
medicol		MAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, C	ARMED FORCES? 166 SOCIAL SEC 578-44-			ADDRE		
or other troumotic event, the			only one couse per line for (o), (b), o SED BY: ATE CAUSE (o) DUE TO, OR AS A CONSEQUATION OF AS A CONSEQUATION	JENCE OF	ext			APPROXIMATE INTERVAL BETWEEN ONSE! AND DEA MIN WELC 5 YLV
njury,	NO	PART 2 OTHER SIGNIFICANT	t Septicem	DEATH BUT NOT RELATE	D TO THE TERMI	nal disease or coni	DITION GIVEN IN	PART IIo
shows ony	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	HOPERATION WAS PERF	ORMED	200 AUTOPSY? YES NO	20b. IF YES, WEI IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
or Item 18 sh	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIFE EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 21f. LOCAT	ION	ED (ENTER NATURE OF INJUR		
s morked	W		(AT HOME, STREET FACTORY, OFFICE,	FARM, ETC) STREE	19.82	city or tov	vn c	OUNTY STATE
VT. If Hem 21 is		Mode	and Niew the body bifter death.	DEGREE	ATTENDING PHYSICIAN	eath occurred on the do	F 2	
ORTAN		224 PHYSICIAN'S NAME (TYPE	E OR PRINT)	22e ADDRE	SS D	0 00.0	, ,	1. 11.

23b. DATE 11/12/1982

RAL DIRECTOR JOSEPH Gawler's Sons Inc.
AM5130 Wisc. Ave., N.W. Wash., D.C.

Parklawn Memorial Park Cem Rockville, Md.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

(SPECIFY) Burial

Windows Company

No. Albei ga 'ma' bass

3

Has core . Orrespond that the control or stand

. Ef grain and . wire broining a contract of the contract of t

upid described on Ent. on English and Ent. on Elem.

	d by the haspital or otherding physicion.	retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral attention and should be detached for use as the buriot framsit permit. Then please remove carbonopapers. Pages 1 and 2 should be filed with 77 hours the centile.
--	---	--

injury, or other traumatic ev

IMPORTANT: If Item 21 is marked or Item 18 shows any

	STATE OF MARTLAND				
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIE				
STATE					
REGISTRAR	CERTIFICATE OF DEATH				

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE	8	2	2	9	7	5	
CERTIFICATE OF DEATH		REG. NO.					

1	REGISTRAR		CERTII	FICATE OF DEATH	REG. NO	0.		
1		FIRST	WIDDIE	LAST		MONTH DAY	YEAR	2b. HOUR
1	Brida	et E	Murph	1/	MAN. 18.	1982	30 150	9:55PM
1	3.5EX	4. RACE	S. DATE	O BIRTH	6 AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
ı	female	whit	e Jan	- 11 0	84	YRS	DAYS	HOURS MIN
d	TO BIRTHPLACE (STATE OR FOR	Th CITIZEN OF	WHAT COUNTRY? 8.		9 BALTIMORE CITY O	R COUNTY OF D	EATH	
Λ	Ireland	United	States WIDOW		montag	mery	Ca	MD.
4	10 CITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPATI	ON 12		BUSINESS OR
9	Silver Sprin	(IF NOT IN SUC	C 11	espital	(TYPE OF WORK FOR MOST O		edica	1 Prof.
Z	USUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION)		I WILLS E	100		1 1101.
		lontgomery	Silver Spring	13d. INSIDE CITY LIMITS? YES NO	600 Blie	k Dri	ve	
24	14. FATHER'S NAME	WIDDIE	LAST	15. MOTHER'S MAIDEN NAM	ME MIDDLE		LAST	
	Michael	MIDDLE	Devanev	Ellen	MIDDLE		Насс	
	160 WAS DECEASED EVER IN		166 SOCIAL SECURITY NO.	17 INFORMANT	_ 128	Dwight 9		
1	(YES, NO OR UNKNOWN)	IF YES, GIVE WAR OR DATES)	049-12-8349A	Sisk Brothers	Inc., New	Dwight Haven,	Conn.	t,06511
1	18 CAUSE OF DEATH	Enter only one cause per	line for (a), (b), and ici	<u> </u>				NATE INTERVAL NSET AND DEATH
ì	PART I. DEATH WAS	CAUSED BY:	mesper	catory arre	ut			nutex
1	4146						1	
1	Canditions, if any, w		R AS A CONSEQUENCE OF	lectrolito in	ubalane		3 da	45
1	gove rise to immed	diate					- 0-	
		lost DUE 10, 0	RAS A CONSEQUENCE OF	earl failur			5 da	40
	PART 2 OTHER SIGNIF	ICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 10	1
		ronary ori		out stroke				
1	4 19a. DATE OF OPERATIO		ITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	RE FINDING	GS USED
	VOIDENT WAS UNDER TO THE TOTAL OF OPERATION TO THE TOTAL OF OPERATION TO THE TOTAL OPERATIO				YES NOXX	IN CERTIFYING	CAUSES	OF DEATH?
7	210. ACCIDENT WAS UNDER			21c. HOW INJURY OCCURR			ORPART 2)	110
	OD COLUMNIA TO CAL	SE OF BERTH	M. MONTH DAY YEAR	100				
	(IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED		M. 19 OF INJURY	21f. LOCATION		-	-	
1	WHILE NOT WHILE	LAT HOME ST	REET, FACTORY, OFFICE, FARM ETC)	STREET	CITY OR TO	WN C	OUNTY	STATE
4	22a.1 certify that (I) (th	is bosoital) attabalad th	ne deceased from	11 10 72	1///	10.8	77	
1	smus the decorred	11/18	10 00	nd that in (my) (our) opinian c	death accurred on the da	ste and have and		not (1) (we) last
4	obove, (I) (we) (did	(did nat) view the body	after death.	DEGREE			22c. DAJE S	
	Much Sh	lar hust		ATTENDING	MEDICAL STAF	F	11/10	62
H	2/d. PHYSICIAN'S NAM	F (TYPEOR PRINT)		PHYSICIAN 122e ADDRESS	DIRECTOR PHYSIC	IAN	11/1/1	02
	RICHARD	P DEL DAN	EY MD	4523 HOVAK	ED ST GI	L. SPG:	MP	20806
-	20 0110111 00011111	y. DECHOL				/		
	23a. BURIAL, CREMATION, RE			EMETERY OR CREMATORY	West Have	n Norr	NIV	Cöffn.
	Burial	11-22-	1902 St. Law	rence Cemetery	west have	en New n	avell	COIIII.

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

24. FUNERAL DIRECTOR
Hines Rinaldi Funeral Home

11800 N.H. Ave., S.S. Md. 20904

West Haven New Haven

the selection of the second se Mayorate a chat muston Secretaria Suntalina Control Suntalina Separa pecar strate or a survey of armie bereiting auto, diacen, 10st atterhe RICHARD P. DELANET AD ASSESSMENCES ST. SE SE TO SORTE

FOR - STATE REGISTRAR 1. DECEASED NAME

(TYPE OR PRINT)

Female

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUT. 136. STATE 13b. COUNTY

To. BIRTHPLACE (STATE OR FOREIGN

Maryland IB. CITY OR TOWN OF DEATH

ilver Spring

3. SEX

neral director, page 3 n 72 hours ofter death

and completely

physician

aftending

signed by

uld be detached for use as the burial-transit permit. Then please the State Dept. of Health and Mental Hygiene prior to burial, cr

shoul

TO FUNERAL DIRECTOR: After this certificate has been

attending physicia

hospital

BP

(VRA 15, 4)

ond 2

corbangapers. Pages 1, or removal.

medic

injury, or other troumatic

ony

shows

or Hem 18

FIRST

Mary

	DEPARTN	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8	REG. NO	2	9 7	5 2
	MIDDLE	- t	AST	20. DATE OF	DEATH M	ONTH DA	YEAR	2b. HOUR
E	lizabeth	M	urtaugh		Ne	r. 25	1982	1130 8.
4. RACE		5. DATE C		6. AGE (IN)	EARS LAST BIRTH		UNDER 1 YEAR	IF UNDER 24 HRS
Wh	ite	Marc	h 25, 1904	78		YRS.	NINS DAYS	HOURS MIN.
	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMO	re city or Mor			ME
(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET A Fenwick L	DDRESS)	PROTHER INSTITUTION	TYPE OF WOR	OCCUPATION FOR MOST OF T		126. KIND OF INDUSTRY OWN ho	BUSINESS OR
OTHER INSTITUTION	Silver S	V	13d. INSIDE CITY LIMITS? YES K NO	13. STREET 1400	ADDRESS Fenwi c	k Lan	e	20910
MIDDLE	Crosb	у	15. MOTHER'S MAIDEN NA Virginia		WIDDLE		Jones	S
MED FORCES? E WAR OR DATES) N/A	166. SOCIAL SECU 214-03-9		17. INFORMANT Mrs. E. Patri	cia Ba	ADDRES	0	_	ringval S.S. M
(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	AINAL DISEAS	E OR COND	ITION GIVEN	IN PART 1/a	
19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	OPSY?	20b. IF YES, V	WERE FINDING	GS USED
				YES	ПОИ	YES	NG CAUSES (NO T
in .	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NA	TURE OF INJURY	IN ITEM 18 PAR	1 OR PART 2)	
	REET, FACTORY, OFFICE, FA	RM, ETC)	STREET		CITY OR TOW	N	COUNTY	STATE
ol) ottended the	deceased fram_ 19 \$\frac{1}{2}\$		d that in (my) (aur) apinion	death accurre	d an the dat		nd fram the c	
HR.	744	4	ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF		11 26	IGNED -
PRINTS	7		22e ADDRESS	7.77	Sui	te 34	0	
Eig. MD			9801 Georg	gia Ave		ver S		Md.
23b. DATE		AME OF C	EMETERY OR CREMATORY	23d. LOC/			COUNTY	STATE

Maryland Montgomery 14. FATHER'S NAME MIDDLE Wilson 160 WAS DECEASED EVER IN U.S. ARMED FORCES N/A I IF YES, GIVE WAR OR DATES NA event, the 18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), DUE TO Canditions, if any, which (b) gave rise to immediate cause (a), stating the DUE TO. underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CERTIFICATION 190 DATE OF OPERATION 19b. COI 21a. ACCIDENT WAS UNDERLYING 21b. TIME HOUR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLAC AT HOME MPORTANT: If Item 21 is marked WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this haspital) attended saw the deceased alive an abave, (1) (we) (did) (did not) view the ba 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Rlaine H. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial Nov. 29, 1982 Gate of Heaven Silver Spring Montgomery 11800 N.H. Avenue, 25g. DATE REC'D. BY REGISTRAR 25b. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 Silver Spring, Md. Hines/Rinaldi Funeral Home

Taking Control and Control Control

I'd and bisser will a mings revisit translated backet

Tree programmes and the second

The state of the s

and the second of the second

Charles Seed

168 groungsmit spirits served forward to grad the control for

Will a .bil .animp2 movies _ of throng logarationally

		STATE REGISTRAR CEASED NAM	E	FIRST		MEDICA		NER'S	CERTIFICAT	E OF DE		REG. N		DAY	YEAR T	Zb. HOUR
W La	(TYP	E OR PRINT)		Char	les	M		ì	lyers		OF	ESTI-	111		82	IB. HOOK
	3. SEX		4. RAC			DAY YE	AR LAST BIRT	YEARS IF UN		NDER 24 HRS	S. 2c. DAT	TE JNCED	HINOM	DAY	YEAR	9:49
2	7a. B	RTHPLACE IS	TATE OR	ite	Mar. 1	7, 19		YRS.			9. BALTI	MORE CITY	OR COUN	TY OF DEA		A. M
		IREIN COUNTRY				. S. A		WIDOW		VORCED D		ontgome	ery C	ounty		MD.
0	T	akoma P	ark		7127	Sycal Sycal	NOTE AV	enue,	#5	FO	SUAL OCC PRIMOST OF WI CLEA	UPATION ITY ORKING LIFE)	PE OF WORK	OR IN	DUSTRY	TORE
5	13a. S M a	ryland		13b. COUN	or other institution of the control	13c.	ENCE BEFORE ADMIT CITY OR TOWN ROMA PE			0 0 7:		ress ycamor	Ave	nue,	#5	
EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FURENCE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR UND PAG		ATHER'S NAMI FIRST MARA		4	M.		MYERS			NA NAM	ΛE	MIDDLE		2/2		5
1	160. V	VAS DECEASE ES, NO, OR UNKNO	D EVER	(IF YES, GIVE	MED FORCES? WAR OR DATES)	7	500 AL SECUR 62-20-	4056	MRS. J	EAN G	ETZ,	QUICK		E V	4	
		18. CAUSE C	F DEAT	H (Enter an	nly ane couse pe D BY:			.44.07	diana					BETWEEN	XIMATE IN	NTERVAL ND DEATH
5		40	76	MMEDIA	TE CAUSE (a) DUE TO		CONSEQUENC		disease				_			
				ony, which		chro	nic obs	tructi	ve pulmo	onary o	disea	se.		Ye	ars	318
		cause (a lying cou		the under-	DUE TO	, OR AS A	CONSEQUENC	E OF								9-11
	N O	PART 2 OTHER S	IGNIFICAN	T CONDITIONS		EATH BUT NOT	RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVE	IN PART 1 (a)						
7	CAT	190. DATE OF	OPER/	NOITA		NDITION F	OR WHICH OP	ERATION W	AS PERFORMED?	?				20 AUT	OPSY?	
6	ERTIF	None		SEWAS	71b. TIM	E OF INJU	8 Y	71c H	OW INJURY OCC	LIBBED (ENTE	P NATURE OF	IN II IDV IN ITEM 18	PART LORDA	YES		но 🕱
5	ALC	UNDERLYING CONTRIBUTI	. 0	OR	HOUR	A.M. MOI P.M.			None	CARED (EATE	ATONE OF	SUNT INT HEIM TO	. ART CORPA	<i>e</i> f		
	MEDIC	21d INJURY O WHILE AT WORK	OCCUR	RED WHILE [21e PLA		URY JATHOME.		CATION		CITY OR T	OWN	co	UNTY		STATE
			,		ge of the remain	s described	obave, held an	Autop	sy . Insp	pectian ,	Inquir	X . or	nd in my a	Pinion		
		death result	ed from	Notu	rol couses	Accid	en	uicide	, Homicide		etermined r	manner .				
		ACTUAL	_	1	Ed	11	07	e un	Deput	20	DICALEXA	MINER	DATE	D 11/	4/82	
1		EXAMINERS	NAME				0	/		19 Sem	inary	Road				
	23a B	EXAMINER S (TYPE OR PRI URIAL, CREMA			S. Roge		J. NAME OF C	EMETERY				Mont	zomer	y, Md	•	
	2	REMA	Tia	. /	NOV. 5. 1	482	Full A	uncal	a Creson	lere "	BRUN	Tearl	COU	NTY	STAT	-
	24. F	UNERAL DIREC	TOR	,/	O DADI	DRESS	010		25a. D	ATE DEC'D.	PY REGISTR	AR 258 REG	ISTRAR'S	IGO TIE	达外	
	10	Come lu	CHIEL	Attem	LIXUN	delista	usy (ac	use W	UNISCO	MING	1401					

Derrika r M. Dress 2) Control of the sales of the THE CONTROL OF THE AVERNEY AND A SECOND SECO Charge and Management Indian and The Springer Avenue at the Co. es outh I to spous wears. armer carried premiative evication atmosfe July ... coxett, c.... all products in the second to the

	1.	FOR STATE		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYC	SIENE 8 2	2	9 /	5 4
		REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.		1000	
		CEASED NAME FIRST	MIDDLE .	Nel	HOD	20. DATE OF DEATH M	ONTH DAY		HOUR AM
h	3. SE2	х	4. RACE	5. DATE	OF 8IRTH	6. AGE (IN YEARS LAST BIRTH			F UNDER 24 HRS
)		Female	Caucasian	May		30		THS DAYS	OURS MIN.
S. 14		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY?	ED NEVER MARRIED			DEATH	
54/	,	shington, D.C.	United S			Montgomery (County	,	MD.
Softlied S		TY OR TOWN OF DEATH Rockville	11. NAME OF HOSP S. GENOT IN DUCH EACH	ITAL, NURSING HOME LITY, GIVE STREET ADDRESS)	pentist topis			126. KIND OF EINDUSTRY Sales	SUSINESS OR
å		AL RESIDENCE (IF NURSING HOME OF STATE 136. COU		RESIDENCE BEFORE ADMISSION	1134 INSIDE CITY LIMITS?	136 STREET ADDRESS		2	20874
100	Ma		1	rmantown	YESX NO	20400 Frede	rick R	d. Lot	#3
Mine	14. FA	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME		LAST	
1800		Samue1		eys	Kathleen	L.		Kolb	
medical		VAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	SOCIAL SECURITY NO.	17. INFORMANT				
0	1	No.	21	3-56-5015	Stephen E. N	elson husban	d sam		
oumatic event, th		Conditions, if any, which	ED BY: TE CAUSE (o)	Cardia		REG. NO. 20. DATE OF DEATH MONTH DAY YEAR		hrs.	
or other tr		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS	A CONSEQUENCE OF	diopulmona	ly Arr	esT		
ury, o	z	gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	AINAL DISEASE OR CONDI	TION GIVEN	IN PART 110				
ows ony in	TIFICATIO	190 DATE OF OPERATION	196 CONDITION	AS A CONSEQUENCE OF CERE bral Anoxia AS A CONSEQUENCE OF CARAL OPU MONARY AFRE STRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON FOR WHICH OPERATION WAS PERFORMED TO FOR WHICH OPERATION WAS PERFORMED TO FORWHICH DAY YEAR 19 THE INJURY THE	IN CERTIFYIN	G CAUSES O			
DUE TO, OR AS A CONSEQUENCE OF COnditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF A FACTORY OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF A FACTORY OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF A FACTORY OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF A FACTORY OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF A FACTORY OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF A FACTORY OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF A FACTORY OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF A FACTORY OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF ICLE FARM. ETC. DUE TO, OR AS A CONSEQUENCE OF ICLE FAR	OR PART 2)								
rked or	WED	WHILE IT NOT WHILE IT				CITY OR TOWN	7	COUNTY	STATE
21 is				039		to 11-14 death accurred on the date		0	ot (Xe) lost uses stoted
VT: If hen	3	Muraal)	Abolo	gree !				22c. DATE SIG	1/82
PORTANT		22d. PHYSICIAN'S NAME (TYPE	V						
Ody		Michael A. Bo	Lognese, M	1.D.	Gaithe	rsburg, Mary	land	20879	

231. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR:

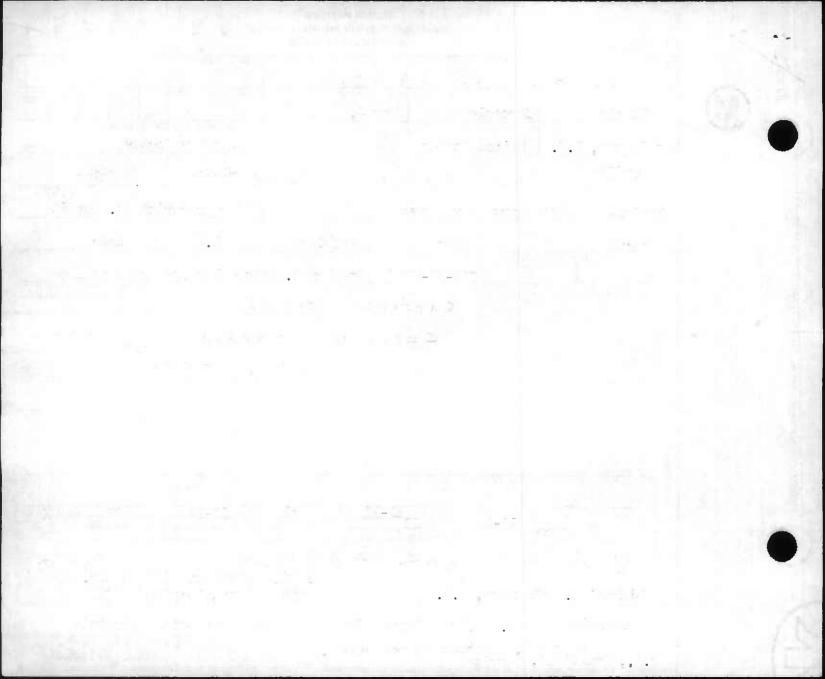
should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

ion and completely filled in by the furs. Pages 1 and 2 should be filed with

Rockville, Maryland

230. BURIAL, CREMATION, REMOVAL (SPECIE Cremation)

Alexandria Nov. 16,1982 Metropolitan Crematory Virginia



	2	400
	1 5	72
-	- 8	4
	4	23
-	1	1
-	(14)	1.6
	(1A	
	-	101
	9	40.
-	conte	9-
	- 1	000
	2	62
5	0	40 1
	1	40
5	- 6	the state
2	9	orte from
e .	2	211
	106	by p
2	es =	ple
DIVISION OF VIEW ACCORDS, 201 W. PRESIDENCE MANAGEMENT AND ACCORDS	20 F	sign hen to bu
5	9	it. T
į	å.	era e pr
1	The	sit p
	N. S.	ron
5	A 9	ntol-
5	HYS	bur
	G P	the the
5	Zo	Aft.
	Z To	OR: or us
	ATA	ECT ed fo
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the depth certificate Le executed with the depth. Parestained by the haspital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and complete Alled on ye as the buriol-transit permit. Then please compare carbon pages. Fages I and 3 that have seen fried within 72 had with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or remained.
	TAL y th	der
	SPI	NE Se
	HO	ould the
	5 te	D de 3

	1-	FOR STATE REGISTRAR			T OF HEAL	MARYLAND TH AND MENTAL HYG TE OF DEATH	IENE 8 2	2	9 /	5 5
		CEASED NAME FIRST	Fred MIDDLE	J.	0 8	Neuland ハヤ		MONTH DAY	YEAR	7 15 M
	3. SE	x ale	4. RACE White	5.	May May	31, 1894	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS M.IN.
10 to	(RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT C	٨	MARRIED A	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O		F DE ATH	MD.
70		sethered	11. NAME OF HOSPITA	, GIVE STREET ADDR		THER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Attorney		125 KIND O INDUSTRY US GO	F BUSINESS OR
35	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR	NTY 13c. CIT	DENCE BEFORE ADM Y OR TOWN Chesda	13d.	INSIDE CITY LIMITS?	13. STREET ADDRESS 8315 Nort	h Broo	k Lane	(20814)
150	14 FA	ATHER'S NAME FIRST William	MIDDLE 1	Veuland	15.	MOTHER'S MAIDEN NAM FIRST Augusta	MIDDLE		Mann	ī
medical		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV YES	E WAR OR DATES)	77-60-2		etricia Cla	yton, 4970		y La.,	Beth.,Md
injury, ar other troumatic	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A ((b) DUE TO, OR AS A ((c) CONDITIONS CONTRIB	CONSEQUENC	E OF		INAL DISEASE OR CONI		IN PART L	2
huo smo	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION F	N FOR WHICH OPERATION WAS PERFORM			200 AUTOPSY? YES NOW	20b. IF YES, V IN CERTIFY IN YES	NG CAUSES	OF DEATH?
tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. M			t. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM TB PART	TORPART 2)	
orked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU	JRY ORY, OFFICE, FARM,		LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
VT. If Bem 21 is mo		270.1 certify that (I) (this hosp saw the deceased alive or above, (I) (warrand) (did no	26 November de	19/8	NO DEG	ATTENDING PHYSICIAN	, to Colored on the do	F _		
MPORTANT		Horace W. B			122	4743 Bradle	ey Blvd., Cl	ne v y Ch	ase, 1	Md.
3	. '	BURIAL, CREMATION, REMOVAL	12/1/82	St	. Mary	tery or crematory 's Cemetery		gton, i		STATE
1/82		UNERAL DIRECTOR Joseph NAME 5130 Wisconsin		ADDRESS			2 - 1982	25 GEGISTRA	R'S SIGNAT	ure

DHMH - 16 50M 4/82 (VRA 15, 4)

profession to be -21401/201 Decemb The same of the sa is integral of the terms, into its in the ANY THOUSENESS, DIES, MAN, MAN, moderne . Barroli All topology products of the table to the table · Dell , Elli Elgerali des-TAX SINCE THE TAX HE SHEET TO SEE STATE OF THE SECOND SECO

	-		
	2	1	_
1	N	-	
100	$\overline{\mathcal{C}}$		

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	P 3	3
1	6-	Con
	GL 400	65-048

9 / 5 6

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO). 6		
1. DECEASED NAME (TYPE OR PRINT)	first fary	S.		ewman	2a. DATE OF DEATH November	MOITH	1982 · ·	26. HOUR 5
Female	4. RACE Whit	e	Jan.		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
70. BIRTHPLACE (STATE OR FO	Th CITIZENO U.S.	F WHAT COUNTRY?	8	D NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH Montgomery			M
Silver Spring	Coloni	OR OTHER INSTITUTION IN HOME	12a USUAL OCCUPATION OF THE CONTROL OF WORK FOR MOST OF THE CONTROL OF THE CONTRO			OF BUSINESS OR		
USUAL RESIDENCE NURSIN 130 STATE Rhode Island	GHAM OR OTHER INSTITUTION OF COUNTY Washington	Wester Tow Kingstor	ADMISSION)	13d INSIDER ITY LIMITS?	13e STREET ADDRESS CO	rner	Road	- 157
TATHER'S NAME	Letcher	Sweeney		Dora Dora	Blanche		Carpei	
(NO OR UNKNOWN)	U.S. ARMED FORCES' (IF YES, GIVE WAR OR DATES)	036 34]		Margaret N.	Parke Blade	53rd nsbur	Avenue g, Md.	Apt 2 20710
Conditions, if ony, gove rise to imme cause (o), stoting underlying couse	which ediote the lost DUE TO,	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM		DITION GIV	EN IN PART 1	0
19a DATE OF OPERATI	1			N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDI	
71a, ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d INJURY OCCURRE	USE OF DEATH HOUR	OF INJURY A.M. MONTH DI P.M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 P	'ART I OR PART 2)	
21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	(AT HOME,	E OF INJURY STREET, FACTORY, OFFICE F		211 LOCATION STREET	CITY OR TO	WN O	COUNTY	STATE
sow the deceased	this hospital) attended dolive on Work d) (did not) view the boo	29 105	_	nd that in my (our) apinion DEGREE ATTENDING			r and from the	SIGNED

BP.

OR ATTENDING PHYSICIAN: The

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR, Afre should be detoched for use os with the Stote Dept. of Heolih IMPORTANT: If Irem 21 is

230. BURIAL, CREMATION, REMOVAL Burial

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Hyattsville, Maryland

12/3/82 74 Frachis Gasch's Sons Funeral Home, P.A.

Hun G

New Fernwood Cemetery West or Kingston Washington R.I.

Test to the control of the control o

Target 12/7/82 New Yormstand Absorbage Tost Pringston Anti-tion H.L.

Trachis Trach's one Yorks | Inches | I.A.

The first Track | Inches | Inches

=
20
=
2
LAND 21
4
~
K
, MARYLA
7
BALTIMORE
0
2
E
A
00
. 7
ST
S
-
E
2
W. PREST
3
201
Ö
8
8
RECORDS,
DC.
/ITAL
4
0
~
0
VISIO
>
0

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletally fulled in by the should be detached for use as the burial-transit permit. Then please remove carbanpapers Pages 1 and 3 Ituard fin filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 ha

retained by the haspital ar attending physician.

Male RTHPLACE (STATE OR FOREIGN TYGINIA TYGOR TOWN OF DEATH DCKVILLE AL RESIDENCE (IF NURSING HOME O	United	ian WHAT COUNTRY?	Jan.	31, 1933 TEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24
irginia Ity or town of DEATH Ockville AL RESIDENCE (IF NURSING HOME O	United	WHAT COUNTRY?	To.		YRS	
ockville AL RESIDENCE (IF NURSING HOME OF	11. NAME OF	States	WIDOWE		Montgomery County	ty,
		Iver Rock	Road	OR OTHER INSTITUTION	Retired Lt.	Vol. Fire D
		Rockville	N 1	13d. INSIDE CITY LIMITS? YES X NO	304 Silver Rock	Road 2085
	thony	O'Connor		Vettal	Lene	Davis
YES YES (IKOT	ea or dates)	579 40 82	281A	Shirley A.O'	Connor Rockville,	Rock Road Maryland
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse pe ED BY: TE CAUSE (o)	r line far (o), (b), and	6 C46	POIAL VENTRI	CULAR ARREST	APPROXIMATE INTERV BETWEEN ONSET AND DI
4100 Canditians, if any, which		OR AS A CONSEQUE	NCE OF	OIAL INFA	RCT	MINUTES
couse (a), stating the underlying couse lost.	107_				DISEASE	YEARS
					INAL DISEASE OR CONDITION GIVE	EN IN PART 1(0)
19a. DATE OF OPERATION			OPERATION		YES NO PYES	
OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A	A.M. MONTH DA	Y YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18 PA	IRT I OR PART 2)
21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK			ARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STA
220.1 certify that (1) (this hasp saw the deceased alive an	11	15 19 8	~		deoth accurred an the date and haur	1982, that (I) (we and from the causes state
Richar	d fix	Pelenly	- /2		DIRECTOR PHYSICIAN	221. DATE SIGNED
RICHARD	PRINT)	AVEN I			D ST. SILVER S	Dull M
	AS DECEASED EVER IN U.S. ARES YES NKNOWN) 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT OF CONTRIBUTING CAUSE OF DECRET OR CONTRIBUTION CONT	Thomas Anthony (AS DECEASED EVER IN U.S. ARMED FORCES? EST PORJINKNOWN) (IFES OF WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Underlying couse lost. (b) QOVE TIO, CO Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CO DIA GETTES MELLI 19a. DATE OF OPERATION 19b. CONE 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 22a. I certify that (II) (this haspital) attended the saw the deceased alive an armed to the control of the country	Thomas Anthony O'Connor As Deceased ever in u.s. Armed Forces? Estyporinknown ("Koteat of Dates) 579 40 8. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIA CONTRIBUTING TO DIA CONTRIBUTING TO DIA CONTRIBUTING CONTRIBUTING TO DIA CONTRIBUTING CONTRIBUTING TO DIA CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 22d. I certify that (I) (this haspital) attended the deceased from Saw the deceased alive an Obave, (I) (we) (did) (did nat) view the body after death.	Thomas Anthology O'Constor (AS DECEASED EVER IN U.S. ARMED FORCES? (ES YPOSINKNOWN) (IFKOTE AR OR DATES) (IFKOTE AR OR DATES (IFKOT	Thomas Anthony O'Connor Vettal As Deceased Ever in U.S. Armed Forces? 16b. Social Security No. 17. Informant Estyposynknown) ("Kotea or Dates) 579 40 8281A Shirley A.O' 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c1)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse io), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM DIACHES MELITUS. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM DIACHES MELITUS. PART 3. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH (BE EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED AT WORK 21d. INJURY OCCURRED Saw the deceased glive an obove, (1) (we) (did) (did not) view the body ofter death. DEGREE ATTENDING PHYSICIAN DECEMBER ATTENDING PHYSICIAN DECEMBER ATTENDING PHYSICIAN DECEMBER.	THER'S NAME THOMAS THOMAS Anthony O'Connor O'Connor IS MOTHER'S MAIDEN NAME VETTAIENE VETTAIENE MIDDLE MIDDLE NICHARITY NO. 17. INFORMANT Shirley A.O'Connor Rockville, Shirley A.O'Connor Rockville, Shirley A.O'Connor Rockville, Shirley A.O'Connor Rockville, PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF COUSE (o), stating the underlying couse lost. (c) DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. AUTOPSY? YES NOTE YES YES NOTE YES YES YES YES YES YES YES YES YES YE

1 A ST 2 11 CA ST 11 CA ST THE WAS CERTIFIED AND THE WAS A MORE TRANSPORTED AND ALBERT STRUCTURES CHARLES ANGELIES MEET STREET milded the day of The a side from a literatural Car = 12730 & azzaraja

9		OR STATE				ARTMENT OF	HEALTI		NTAL H	- 6	0. 6.	6	9	7	5	8
		EASED NAME	FIRST			AL EXAMI	MEK. 2	LAST	ATEO	F DEAT		REG. NO.		CIAY	YEAR	75 HOUR
1		OR PRINT)	Zulm	ıy	nm		. ()donez			OF ES	11-			82	9:14 _M
1	sex FE	MALE	White	S DATE OF I	CIAY	YEAR 6. AGE (IN YEAR LAST BIRTH	YRS.		IF UNDER 2		C. DATE RONOUNCED DEAD	1/00	MONTH	DAY 1	YEAR 9 8	24 HOUR
6	7a. BIF	RTHPLACE (ST) EIGN COUNTRY) enezue	la	76. CITIZEN Ver	OF WHAT	_		NED NEV	ER MARRIE	D-10	BALTIMORE	CITY OR	COUNT		ATH	Y MD.
8	SI		RING	HOL	Y CRO	L, NURSING HOA GIVE STREET ADDRESS HOSPI	TAL	HER INSTITUT	ION	Stud	COCCUPATIONS OF WORKING	ON ITYPE O	F WOR		OF BU: NDUSTR	Υ
5	USUA 130 ST MAR	RESIDENCE (113b COUN	GOMERY	1134	ENSINGTO		13d INSIDE (I		13e STREE	T ADDRESS	Con	~	a	ببر	
50		THER'S NAME Mig		MIDDLE		ODONEZ]	R'S MAIDEN	NAME	nmn		Ga	rric		
1		AS DECEASED S, NO, OR UNKNOV NO	VN) (IF YES, GIVE VN) None	WAR OR DATES]	? 16	N/A	ITY NO.	Migu		rdon		DDRESS	13	E		7
	,	199 Canditian gave rise	s, if any, which ta immediate stating the <u>under</u> -	E CAUSE (a). DUE T (b).	5	A CONSEQUENCE	om	20	ic t c	Co	vci.	wa	2	/	141	AND DEATH
· ·	ATION	PART 2 OTHER SIG	No	ne		OT RELATED TO THE TEN				T 1 (e).				20 AU	TOPSY?	
3	AL CERTIFICATION	UNDERLYING	CAUSE WAS	HOL	IME OF INJ	URY ONTH DAY YEA	AR 21c H	IOW INJURY	OCCURRED) (ENTER NA	TURE OF INJURY I	N ITEM 18 PAR	RT 1 OR PAR		s 🗆	NOT
	MEDICAL	21d. INJURY O WHILE AT WORK	CCURRED	21e P	LACE OF IN	JURY (AT HOME,		OCATION STREET			CITY OR TOWN		cou	INTY		STATE
		0.70%	y that I taak charg	e af the rema	7	ed abave, held an	Autor	Hamic		Undeter	Inquiry mined manne		DATE	Vol	1/0	1902
2	,	EXAMINER'S N (TYPE OR PRIN		S. Ro	gers		-	_ADDRESS	/ 1919		inary		Sil.	Spg	M	1
	(5)	RIAL CREMAT	ION, REMOVAL 2	36 DATE 11 -29 •	-1982	23c. NAME OF C				Car Car	ation acas,	Ven	eźW	ela,	S st	∆ €

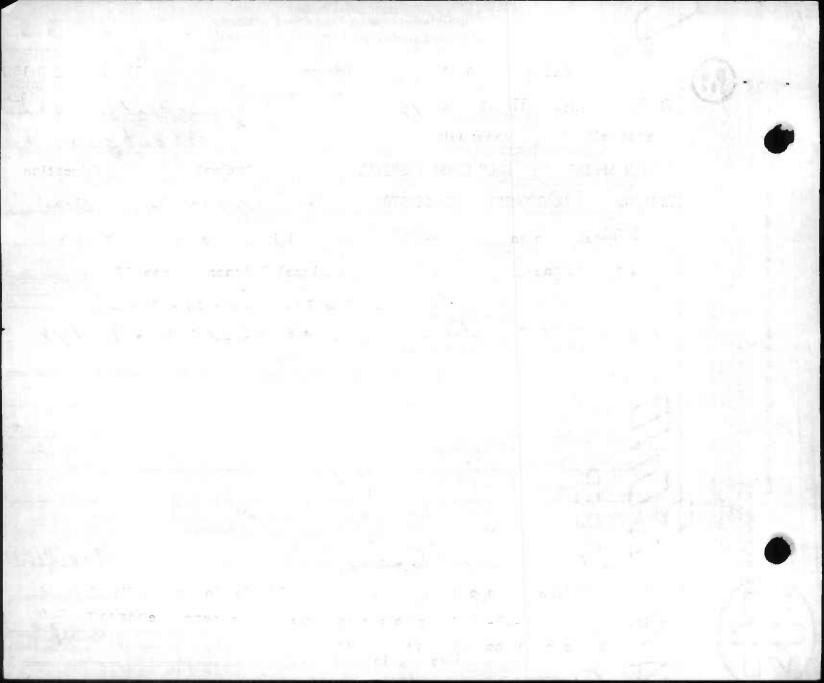
DHMH - 17 (VR A15 ME (5))

20M 4/82

24. FUNERAL DIRECTOR
W W Chambers Co, Incom 8655 Georgia Ave
Silver Spring, Md

|11-29-1982 | Cemetery del Este

NOV 15 1982



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 9 7 5

	REGISTRAR				CERTIF	ICATE OF DI	HTA		REG. NO.		
	CEASED NAME OR PRINT) FRANC	FIRST	JOHN	LEO	O'LI	EARY		20 DATE OF D		DAY YEAR	6:45 P
. SE			4. RACE WHITE		5. DATE C	FBIRTH	YEAR 9	6. AGE (IN YEAR		IF UNDER I YEA	R IF UNDER 24 HRS
(RTHPLACE (STATE OR FOR SOUNTRY) Sh., D.C.	REIGN	76. CITIZEN OF V	WHAT COUNTRY?	R	NEVER M		9 BALTIMORE	city or cour		MD.
	ty or town of DEATI	Н	NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET A NGTON ADV	ADDRESS)				CUPATION OR MOST OF WORKIN CARRIER	G LIFE) INDUSTR	OF BUSINESS OR Y GOV T.
130. 5	AL RESIDENCE (IF NURSAN STATE ryland	Sh COUN	ITY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Je Hyatts	N	13d, INSIDE CIT YES 🏝	TY LIMITS?	13e. STREET AD 5831	oress 33rd Ay	re. 207	82
	THER'S NAME FIRST Jeremiah		MIDDLE	O'Leary		Mar	Y		MIDDLE	McCa	rthy
6a V	VAS DECEASED EVER IN		E WAR OR DATES)	577.36.5		Annie		O'Leary	(Wife)	(Same a	S 13e)
NOI	Conditions, if ony, or gove rise to imme cause (a), stating	which ediate the last.	(b) DUE TO, OR	AS A CONSEQUE AS A CONSEQUE ONTRIBUTING TO D The state of the state	NCE OF	NOTRELATED FOR FOR	7	INAL DISEASE C	DR CONDITION	GIVEN IN PART	yeare.
1 CERTIFICATION	210. ACCIDENT WAS UNDER	RLYING _	216. TIME OI	FINJURY M. MONTH DA					10 X	YES, WERE FIND RTIFYING CAUSE YES 18 PART I OR PART 2)	NO _
MEDICAL	(IF EITHER, NOTIFY MEDICA 21d, INJURY OCCURRE WHILE NOT WHILL AT WORK	D 	21e, PLACE C (AT HOME, STRI	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION	V	-//	CITY OR TOWN	COUNTY	STATE
	270 I certify that (I) (t saw the deceased above, (/) (we) (die 22h STONATURE	l olive on	1//24	19.8		DEGREE	TENDING	death accurred	STAFF		that (I) (we) lost the couses stated [E SIGNED /24/1982]
	22d PHYSICIAN'S NAM Hugh Irey	, M.	D.C			22e ADDRESS	New Ha	mpshire	Aye, Si	1	20904 ring, Md.
73m	CURRENT COETS ATTOM DE	EAA/OV/AI	B TALL DATE	1737 N	JAAA CIE		JEAN A TODY	17 (M 11 31 A 11	LIN		

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the furnishould be detached for use as the bund-transit permit. Then please remove carbon papers. Pages, J and 2 should be filed within

injury, ar ather traumatic ev

should be detached for use as the burial-transit permit. Then please remaye carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal

IMPORTANT: If Hem 21 is marked ar Hem 18 ship

CREMATION

ld be filed with

24 FUNERAL DIRECTOR WALTER BROOKS BRADLEY INC., BALTO., MD. 21222

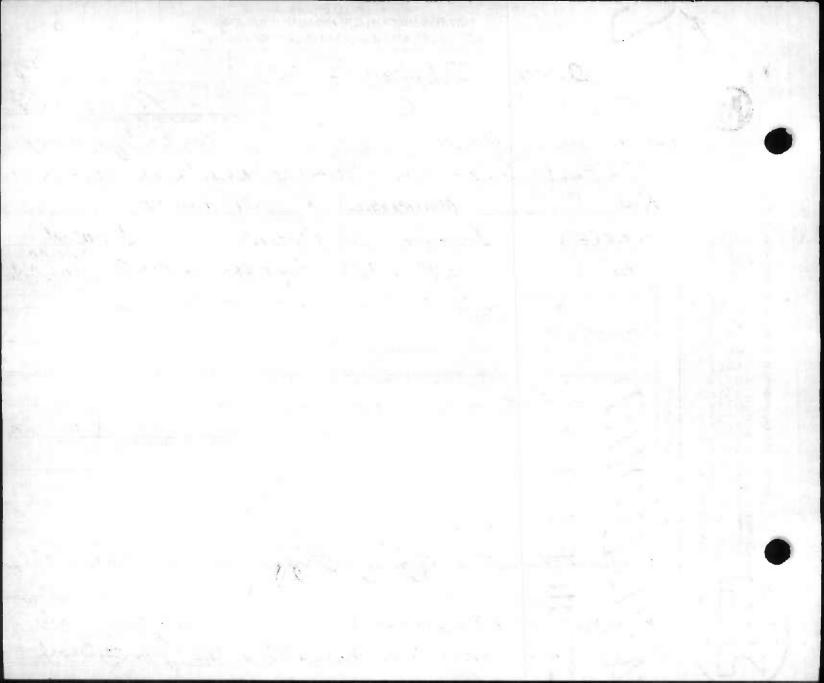
11/26/1982

BALTIMORE GREEN MOUNT CREMATORY NOV 26 1982

MARYLAND

tillus ers judie til talende il

NOV 26 150 Jung Cariff



	5	11-	STATE OF MARYLAND DR DEPARTMENT OF HEALTH AND MENTAL HYGIENS 2 2 9 / 6 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
(CESSARY A FEW CIPAL DIRECTOR CIPAL STREET, PRESTON STREET,	3. SEX	ASED NAME REPRINT) A RACE S. DATE OF BIRTH DAY VEAR LAST LAST A RACE S. DATE OF BIRTH DAY VEAR LAST BIRTHDAY MONTHS DAYS ROURS MIN PRONOUNCED DEATH A A HPLACE (STATE OF The CITIZEN OF WHAT COUNTRY? B. CITIZEN OF WHAT COUNTRY? C. COUNTRY OF DEATH PARTITION OF WHAT COUNTRY? B. CITIZEN OF WHAT COUNTRY? B. CITIZEN OF WHAT COUNTRY? C. COUNTRY OF DEATH PARTITION OF WHAT COUNTRY? C. COUNTRY OF DEATH PARTITION OF WHAT COUNTRY? C. COUNTRY OF DEATH PARTITION OF WHAT COUNTRY? C. COUNTRY OF DEATH PROPRIED OF WHAT COUNTRY OF WHAT COUNTRY OF DEATH PROPRIED OF WHAT COUNTRY OF WHAT COUNTRY OF DEATH PROPRIED OF WHAT COUNTRY OF WHAT COUNTRY OF DEATH PROPRIED OF WHAT COUNTRY OF WHAT COUNTRY OF DEATH PROPRIED OF WHAT COUNTRY OF WHAT COUNTRY OF DEATH PROPRIED OF WHAT COUNTRY OF WHAT COUNTRY OF DEATH PROPRIED OF WHAT COUNTRY OF WHAT COUNTRY OF DEATH PROPRIED OF WHAT COUNTRY OF WHAT COUNTRY OF DEATH PROPRIED OF WHAT COUNTRY OF WHAT COUNT
201	ANY DEAY IS NEO AND 3 TO THE FUN SETAIN PAGE 5 HO OULD IN THE WIND ECORDS, 201 W. PI	10. CI	
LTIMORE, MD. 21;	TER DEATH. IF, EPAGES 1, 2, A FORM PM 3. FORM PM 3. ES I AND 2 SH ON OFFITAL R	16a. V	HER'S NAME FIRST Richard N. Green S DECEASED EVER IN U.S. ARMED FORCES? NO, OR UNKNOWN) NO NO YES NO.
201 W. PRESTON ST., BA	UTED WITHIN 24 HOURS AF IN PENCIL IN ITEM 18. GIM EXAMINER ALONG WITH 1AL - TRANSIT PERMIT. PAG O MENTAL HYGIENE, DIVISI ON, OR REMOVAL.		8 CAUSE OF DEATH (Enter only ane couse per line far (o), (b), and (c).) PART I DEATH WAS CAUSED BY: 42 IMMEDIATE CAUSE (a) Canditions, if ony, which gave rise to immediate cause (a) stoting the under-lying cause lost. (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH (b) DUE TO, OR AS A CONSEQUENCE OF
ITAL RECORDS,	SHOULD BE EXECUTED SRD "FENDING" IN 19 CHIEF MEDICAL EXA E USED AS A BURIAL F OF HEALTH AND MA URIAL, CREMATION,	TIFICATION	ART 2 DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 1. 90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES □ NO DECEMBER 100 100 100 100 100 100 100 100 100 10
DIVISION OF VIT	HIS CERTIFICATE SI WRITING THE WO ARDED TO THE G AGE 3 SHOULD BE ATE DEPARTMENT 1201 PRIOR TO BU	MEDICAL CERTIFICATION	16. EXTERNAL CAUSE WAS INDERLYING OR ON RIBUTING CAUSE OF DEATH P.M. 19 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) 10. EXTERNAL CAUSE WAS INDERLYING OR ONTRIBUTING CAUSE OF DEATH P.M. 19 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) 11. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) 12. PLACE OF INJURY (AT HOME. 13. STREET, FACTORY, FARM. ETC.) 14. STREET CITY OR TOWN COUNTY STATE 15. THE OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) 16. EXTERNAL CAUSE WAS INDERLYING OR ON TRIBUTING CAUSE OF INJURY IN TIEM 18 PART 1 OR PART 2) 17. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) 18. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) 19. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) 19. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) 19. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART 1 OR PART 2)
)	CAL EXAMINER: THE CERTIFICATE, VITHE CERTIFICATE, VITH DIRECTOR: PARTH, WITH THE STARE, MARYLAND, 21		220. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural couses . Accident . Suicide . Hamicide . Undetermined manner . TITLE (SPECIFY) AND . MEDICAL EXAMINER SIGNED 23.1980.
	TO MEDICAL EXECUTE THE PAGE 4 SHOU TO FUNERAL AFTER DEATH BALTIMORE, A	73n BI	XAMINER'S NAME THE OR PRINT) ADDRESS JAL CREMATION REMOVAL 1236, DATE 1234, NAME OF CEMETERY OR CREMATORY 1234, LOCATION

BP__

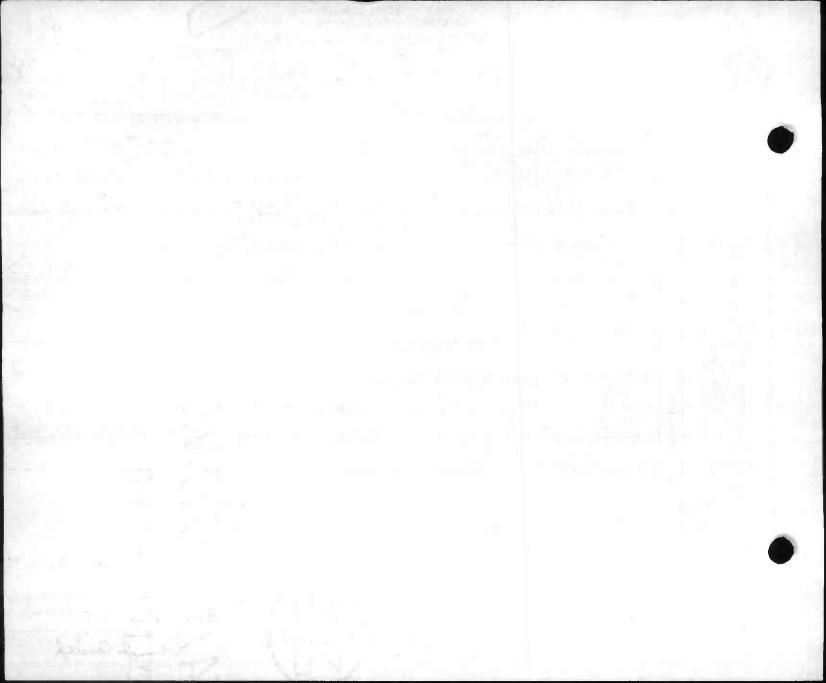
DHMH - 17 (VR A15 ME (5)) 20M 4/B2

236. BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY)
Burial Dec. 2

23c. NAME OF CEMETERY OR CREMATORY Dec.2, 1982 Fort Lincoln

P.G., Maryland STATE

24 FUNERAL DIRECTOR 7400 Ga. Ave. NW 2001 250 Date REC'D. BY REGISTRAR'S SIGNATURE McGuire Funeral Service, Inc. Washington, DC 2001 2 EC 6 1982 John & Coling



-
2
무
4
YLA
~
₹
MARYLA
8
0
2
=
4
BALTIMORE
-
-
77
I W. PRESTON ST
Y
S
04
0
>
0
. 20
S
2
ORDS
Ö
RECORDS,
-
×
=
>
OFV
~
DIVISION
SION
2
2
0

injury, or other traumotic

and Mental Hygiene prior

or Hem 18 shows any

IMPORTANT: If hem 21 is

24 FUNERAL DIRECTOR Joseph Gawler's Sons Inc.

TO FUNERAL DIRECTOR. After this certificate has bee should be detached for use as the burial-transit permit with the State Dept of Health and Mental Hygiene prio

FOR

STATE OF MARYLAND 29/62 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
DECEASED NAME FIRST (TYPE OR PRINT) JOSEPH	WINTHROP	PEABODY, Jr.	20. DATE OF DEATH MONTH	28 52 15 AN
Male	4. RACE White	S. DATE OF BIRTH MONTH DAY YEAR Feb. 10 1925	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY) D C	76. CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED	9. BALTIMORE CITY <u>OR</u> COU Montgomer	
0. CITY OR TOWN OF DEATH Bethesda	4704 Fort		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Physician	12b. KIND OF BUSINESS OR INDUSTRY Medicine
		isda 136 INSIDE CITY LIMITS	4704 Fort Sum	ner Drive
	op Peabody, Sr.	15. MOTHER'S MAIDEN FIRST Naomi	WIDDLE	Gallaway
	Inknown 721-12-		abody. Same as i	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS ON SEC (b) DUE TO, OR AS CHASEO (c) CONDITIONS CONTRIBUTING TO	reacurons, R	metraci notati erminal disease or condition	6 m d-9 2 yrs.
198 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK NOT WHILE AT WORK NOT WHILE AT WORK AT WO	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC pital) attended the deceased from and property of the body attributed to the	DAY YEAR 19 21f LOCATION STREET 19 8 L, and that in (my) (our) opin DEGREE ATTENDIN PHYSICIA 22e ADDRESS 5255 Lou	ghboro Rd., N.W.	county state 19 22, that (I) (we) last hour and from the causes stated 22c. DATE SIGNED 28/17/92
BURIAL, CREMATION, REMOVA	23b DATE 12/1/1982 23	Gate of Heaven C	RY 23d LOCATION	

230 DATE RÉC'D. BY REGISTRAR 25 TEGISTRAR'S SIGNATURE DEC 2 - 1982

DHMH - 16 50M 4/82 (VRA 15, 4)

retained by the hospital ar

BP.

Company of the second s

ACC Controllery Market M			estables, cr.		II Start
Months M			20. 7.0 7.045	ed in	6.000
Collé controvers designes de la controver de la controvers de la c				0 = A = A	.0.0
J. Malacon Fellow, P. Henry C. Hannow, Min or Lord L. 153 Unknown - Mary C. Hannow, Min or Lord L. 154 Unknown - Mary C. Hannow, Min or Lord L. 155 Unknown - Mary C. Hannow, Min or L. 155 Unknown - Mary C. Hannow, Min or L. 155 Unknown - Mary C. Hannow, Min or L. 155 Unknown - Mary C. Hannow, Min or L. 155 Unknown - Mary C. Hannow, Min or L. 155 Unknown - Mary C. Hannow, Min or L. 155 Unknown - Mary C. Hannow, Min or L. 155 Unknown - Mary C. Hannow, Min or L. 155 Unknown - Mary C. Hannow, Min or L. 155 Unknown - Mary C. Hannow, Min or L. 155 Unknown - Mary C. Hannow, Min or L. 155 Unknown - Mary C. Hannow, Min or L. 155 Unknown - Mary C. Hannow, Min or L. 155 Unknown - Mary C. 155 Unkno	entailed.	reloieve	av fre - regr	ni 210 - 1/101	
Tage to the contract of the co	evist z	roun dans HOTE		handsen man	a. coli contro
. Constanting and the same of	TWANTER		incul	Lenory, Lr.	J. Anthrop
. Continuidado		andy. House the Ann	frieg os good	n on	rn.
				Aire in	
Alvina					
MILITA C. BATTINE . STORY CONTROL HOLD TO A CONTROL OF THE CONTROL					
Total 1 1/1/132 total of bases on 1 ver coring, 53.					
Jones in Constant Constant					

B. dac. Dec. T. . such., d. .

	-	-	
		11	_
-	+	-	
	-1	0	
	-		

STATE OF MARYLAND

	11		
REG. NO. 2 9	1	6	

REGISTRAR		CERTIFICATE OF DEAT	REG. NO.	27100
1. DECEASED NAME FIRST (TYPE OR PRINT) MARGA		PEPPER	20. DATE OF DEATH MO	1-14-82 26. HOUR 900 A
3. SEX FEMALE	4. RACE White	5. DATE OF BIRTH MONTH DAY March 27.189	6. AGE (IN YEARS LAST BIRTHD.	YRS. IF UNDER 1 YEAR IF UNDER 24
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington, DC	76. CITIZEN OF WHAT C	OUNTRY? 8. MARRIED NEVER MARR WIDOWED DIVORC		
Bethesda	Carriage H	AL, NURSING HOME OR OTHER INSTITUT GOVESTREET ADDRESSA ILL NURSING HOME	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Adm. Assist	ORKING LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HO 130. STATE 20008	OUNTY 13t. CIT	pence before admission) Y OR TOWN hington, DC YES \(\text{YES} \) NO	MITS? 130. SIREEI ADDRESS	ecticut Avenue, 1
14. FATHER'S NAME FIRST Thomas	MIDDIE P	epper Sara	h MIDDLE	Feeney
160. WAS DECEASED EVER IN U.S (YES NOOR UNKNOWN) (IF YE NO	S GIVE WAR OR DATES)	-60-1815 Lily H. G	1200 Firth Fridley-Fort Wash	n of Lorne Circl ington, Md. 207
				N /
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse los	DUE TO, OR AS A C	consequence of and	shoma my Chrombe	gris 3 Mont
gove rise to immediate couse (a), stating the underlying cause las	DUE TO, OR AS A C	millegia /A	D 200 AUTOPSY? 2	ION GIVEN IN PART 1(0) Ob. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
gove rise to immediate couse (a), stating the underlying couse loss PART 2 OTHER SIGNIFICATION 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN	DUE TO, OR AS A CONTRIBUTION FOR THE HOUR A.M. MC	ONSEQUEDE OF CONSEQUEDE OF CONSEQUED OF CONSEQUEDE OF CONSEQUED OF CO	D 200 AUTOPSY? 2	ION GIVEN IN PART 1(0) 10. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH YES NO NO
gove rise to immediate couse (a), stating the underlying couse loss part of the signification of the significant of	DUE TO, OR AS A COLOR TO THE TOTAL TO THE TOTAL TO THE TOTAL THE T	ONSEQUENCE OF CONSEQUENCE OF CONSEQU	D 200 AUTOPSY? 2	ON GIVEN IN PART 1(0) ON IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH YES NO NO
GOVE rise to immediate couse (a), stating the underlying couse loss and underlying couse loss are constituted by the couse loss and the couse of the	DUE TO, OR AS A COLOR TO THE TOTAL TO THE TOTAL TO THE TOTAL THE T	CONSEQUENCE OF CONSEQ	D 200 AUTOPSY? 21 YES NO NO NOTE: NO NO	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH YES NO NITEM 18 PART OR PART 2) COUNTY STA
Gove rise to immediate couse (a), stating the underlying couse los variety of the signification of the significant of the signification of the significant of the significan	DUE TO, OR AS A C IC) INT CONDITIONS CONTRIBL 19b. CONDITION FO G	ONSEQUENCE OF CONSEQUENCE OF CONSEQU	D 200 AUTOPSY? ? YES NO NO NOTE OF INJURY IN CITY OF TOWN	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH YES NO NOTEM 18 PART 1 OR PART 2) COUNTY STA COUNTY STA 19 22. that (I) 19 and hour and from the causes state 22c. DATE SIGNED

should be detoched for us

DHMH - 16 50M 4/B2 (VRA 15, 4)

236 BURIAL, CREMATION, REMOVAL 23b. DATE 11/16/82 24 FUNERAL DIRECTOR Jos. Gawler's Sons, Inc. 5130 Wisconsin Avenue, N.W.-Washington, D.C.

23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

4830-V St. N.W.

vatory 23d Location Corner Washington, D.C., C., C., 25e. DANGUD. by REGISTON 259 BOISTRARS CHATURE

Marin Service Control		. T.		
	The same		97154	
Eranohicuda			A.C. D. J. D.	e Cart
mattenut figuretam.	anoli gnå	1111 97	a Propins	abordan
. P Ol com others evenue, II.	36.	not attribute	PP 11-150	the size one
Trans-		201000	011 V 7 Ba	Notice
12 No Lean of other leads Ley-York Names with, Id. 1 Took	THE REPORT OF THE PARTY	pro Jung	gramma plant street	
Mark Land		THE STATE OF		
Market & James Daniel	د رساطیو عاد صلعه			
		3100		
And the second second	13-1-13-1		ersta	
SEMENTE STATES	9 ON	3		
101.11	534		Indet in a	
	Conc. in section of the concession of the conces	.0.0, .20	Trus falls . In	2mbg) 0 2.30 do 07.51

101	REATH. IF ANY DELAY IS NECES 1, 2, AND 3 TO THE FUNER A PM. 3. RETAIN PAGE 5. FOR AND 2. SHOULD BE FILED, WITH AND 2. SHOULD BE FILED, WITH RECORDS, 201 W. PRE
LTIMORE, MD. 212	VE PAGES 1, 2, AN 1 FORM PM 3. REI GES 1 AND 2 SHOU SION OF VITAL REC
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	EDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECES JUST THE CERTIFICATE, WRITHING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNER ASSOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR JNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL. FRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITH RECETAL PRINTED FOR THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITALRECORDS, 201 W. PRE MORE, MARKYAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
L RECORDS, 201 W	ULD BE EXECUTED V "PENDING" IN PER FF MEDICAL EXAM FED AS A BURIAL-T HEALTH AND MEN AL, CREMATION, O
DIVISION OF VITA	EDICAL EXAMNER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 M JTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG INVERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERN 2DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEN MORE, MARYAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
	LE EXAMINER: THI IE CERTIFICATE, WA OULD BE FORWA IL DIRECTOR: PAC H, WITH THE STAT MARYLAND, 212
	EDICA JUE THA A SH JUNERA MORE

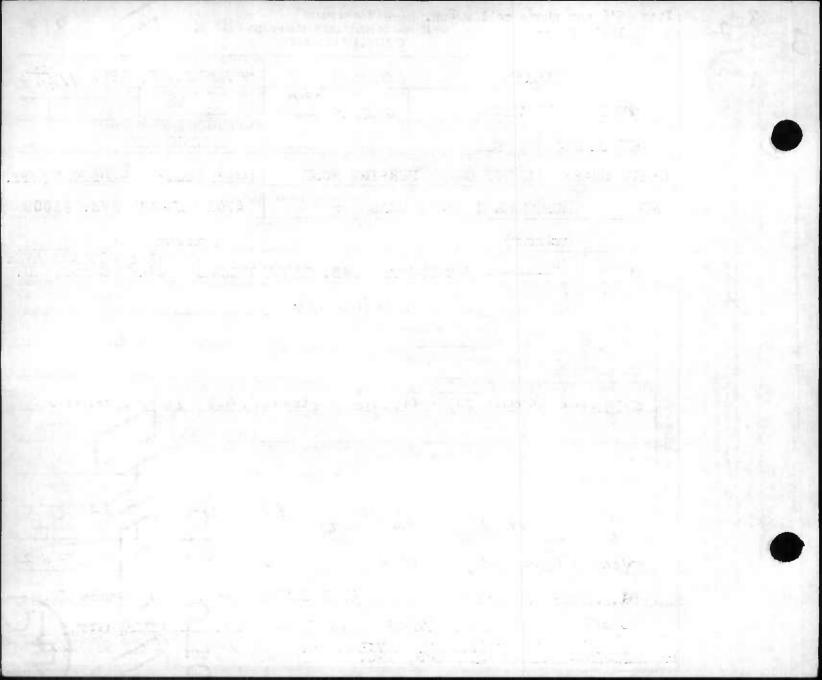
11-	FOR STATE REGISTRAR		MEI		EALTH	ARYLAND AND MENTAL H ERTIFICATE O	EDESTI S	2 9 EG. NO.	16	લ
	CEASED NAME E OR PRINT)		citas	A.		Perrey	20. DATE KNOV OF ESTI DEATH MATE	I- XX	28-8 2	7b. HOUR
3. SEX	emale	Cauc.	5. DATE OF BIRTH MONTH DAY March 21	6. AGE (IN YEAR LAST BIRTHDAY) MONTH	DER 1 YR. IF UNDER	24 HRS. 20 DATE PRONOUNCED DEAD	MONTH	28-82 28-82	24. HOUR 3:30F
7a. 81	RTHPLACE (STA	ATE OR	76. CITIZEN OF WE	IAT COUNTRY?		ED NEVER MARRI	Mantan	mery Co		MD.
) Si	ty or town o	orings	704 Hobb			ER INSTITUTION	120 USUAL OCCUPATIO FOR MOST OF WORKING LIN Student		OR INDUST	JSINESS
13a. S		136 COUNT	Υ	13c. CITY OR TOWN Silver Sp		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 704 Hobbs	Dr.		
P)	THER'S NAME FRST		MIDDLE G.	Perrey		15. MOTHER'S MAIDE FIRST Ursula	N NAME MIDDLE	I	Bambey	
16a. V (Y	VAS DECEASED ES, NO, OR UNKNOW NO	DEVER IN U.S. ARM		Unk.	NO.	17. INFORMANT Ursula I	186	DRESS 13 Sand thersby	ipiper La	ne
NO	gave ris cause (o) lying caus		(c)	AS A CONSEQUENCE OF		OR CONDITION GIVEN IN PA	RT 1 (a)			
IFICATION	190 DATE OF	OPERATION	196 CONDIT	ION FOR WHICH OPERA	TION W	AS PERFORMED?			20 AUTOPSY	? NO []
MEDICAL CERTIFICATION	UNDERLYING	L CAUSE WAS	216 TIME OF	MANTER TO THE TOTAL	21c. HC	WINJURY OCCURRE	D LENTER NATURE OF INJURY IN I	ITEM 18 PART 1 OR P		
MEDIC	21d. INJURY O WHILE AT WORK	NOT WHILE AT WORK	STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		HObbs Dri	ve STYVET S	Springs	, Marylar	nd STATE
2	22a I certif deoth resulte ACTUAL SIGNATURE_ EXAMINER'S N (TYPE OR PRIN	d from: Nature	e at the remains design of causes	Accident D, Suic	Autaps	Hamicide TITLE (SPECIFY) D. Assistant	Undetermined monner	ond in my o	1–29–8	2
(5		ION, REMOVAL 2.	DATE 11/30/198	23c. NAME OF CEM	ETERY OF	RCREMATORY	23d. LOCATION CITY OR TOWN Washing	ton, D.	C.	TATE
	NAME L6 E. D	TOR Gartne iamond Av	r-Sandiso	n Funeral H rsburg, Mary	ome		6 1982	REGISTRAR'S	SHULL	

Track I where I where it - 11

extrament over soll/digital

.0.0 ,derelles

1		CEASED NAME FIRST OR PRINT) T.TTT	MIDDLE T T A N A		RSKE	NOTEMBED	
	3. SE		LIAM I4. RACE	S. DATE O		NOVEMBER 6. AGE (IN YEARS LAST BIRTHD.	
301	0. 02.	MALE	WHITE	MONTH	L 25, 1889	-93 92	MONTHS DAYS HOURS
67	(RTHPLACE (STATE OR FOREIGN COUNTRY) NEW JERSEY	76. CITIZEN OF WHAT COUNTRY?	WIDOWE		9. BALTIMORE CITY OR COMMONTGO	MERY
%	C	TY OR TOWN OF DEATH HEVY CHASE		NURSI:	ROTHER INSTITUTION NG HOME	TYPE OF WORK FOR MOST OF WORK (RET.	ORKING LIFE) INDUSTRY
35	13a. S	AL RESIDENCE (IF NURSING HOME O TATE MD MON	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	CHAS			LARD AVE. #1
50	14. FA	THER'S NAME (unk	nown)		15. MOTHER'S MAIDEN NA/	(unknow	
1		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SECU VE WAR OR DATES) 579-14-		MRS. SALLY	PERSKE	4701 WILLARD CHEVY CHASE,
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCEOF			
s any injury, ar ather trauma	FICATION	underlying cause last.	conditions CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM 10	lotus a	Scenations Ob. IF YES, WERE FINDINGS USE N CERTIFYING CAUSES OF DEA
Section injury, or other	CAL CERTIFICATION	PART 2. OTHER SIGNIFICANT OF GAME 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	CONDITIONS CONTRIBUTING TO Drain Synd 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT	N WAS PERFORMED	bitus u	Larofina 106, IF YES, WERE FINDINGS USE N CERTIFYING CAUSES OF DEA YES NO [
injury, ar ather	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT OF GAME 19a. DATE OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSE OF DE CIPETTIME OF CONTRIBUTION OF CURRED WHILE NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	CONDITIONS CONTRIBUTING TO Drain Synd 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT A OPERATION AY YEAR 19	N WAS PERFORMED	1200 AUTOPSY? 2 YES NOXX	Ob. IF YES, WERE FIND INGS USE N CERTIFYING CAUSES OF DEA YES NO (
or frem 18 shows any injury, or other		UNDERLYING COUSE LOST. PART 2. OTHER SIGNIFICANT OF GAME 19a. DATE OPERATION 21a. ACCIDENT WAS UNDERLYING CORONIRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK 22a.1 certify that (I) (this hosp	(c) CONDITIONS CONTRIBUTING TO DECLE STREET, FACTORY, OFFICE, witel) oftended the deceased from	DEATH BUT OPERATION AY YEAR 19 FARM, ETC.	21c. HOW INJURY OCCURE 21l. LOCATION STREET	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJURY IN	Ob. IF YES, WERE FINDINGS USEN CERTIFYING CAUSES OF DEA YES NO (NIEM 18. PART OR PART 2) COUNTY
If Hem 2.1 is marked or Hem 18 shows any injury, or affect		Underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WMILE NOT WHILE AT WORK AT WORK 22a. I certify that (I) (this hasp saw the deceased alive of above (I) (we) (did) and in 22b. SIGNATURE	CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, witol) ottended the deceased from 19 10 view the body ofter death.	AY YEAR 19 FARM, ETC.	211. LOCATION STREET 19 d that in m) (our) opinion of DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJURY IN	Ob. IF YES, WERE FIND INGS USEN CERTIFYING CAUSES OF DEAL YES NO [NO [NO [NO [NO [NO [NO [NO [NO [NO
or frem 18 shows any injury, or other		Underlying COUSE last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSE OF DE CHE LET CONTRIBUTING ALSE OF DE CHE LET CONTRIBUTION OF COURRED WHILE AT WORK AT WORK 22a. I certify that (I) (this hasp saw the deceased alive of above (IP(we) (did) fold in 22b. SIGNATURE	CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, witol) ottended the deceased from 19 10 view the body ofter death.	AY YEAR 19 FARM, ETC.	21c. HOW INJURY OCCURR 21l. LOCATION STREET 21l. LOCATION STREET ATTENDING PHYSICIAN 22e. ADDRESS	ZOU AUTOPSY? ZED (ENTER NATURE OF INJURY IN CITY OR TOWN death accurred on the date MEDICAL STAFF DIRECTOR PHYSICIAL	Ob. IF YES, WERE FIND INGS USEN CERTIFYING CAUSES OF DEAL YES NO [NO [NO [NO [NO [NO [NO [NO [NO [NO



	1	
16	may be	Same 3
•	AN: The law requires that the death certificate be executed within 24 hours after shath. Pager 4 may be hysician.	frote has been signed by the offending physician and completely tilled in by the funeral difference
1201	ors ofter de	in by the fur
F VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	within 24 hg	letely filled i
MORE, MA	parcous a	amos puo o
ST., BALT	ertificate b	na physicia
. PRESTON	the death o	the attendi
201 W	es that	ned by
CORDS	w requir	been sig
/ITAL RE	V: The la	ofe has
	AH	4

ws any injury, ar ather traumatic event, the

FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH	8	2 REG. N	2		9 /	6	
. DECEASED NAME	MIDDLE	20.	DATEO	FDEATH	MONTH	DAY	YEAR	26. HOL	IR
(TYPE OR PRINT)		tx/aa)	1	allen	Lon	9	190,	12/	A

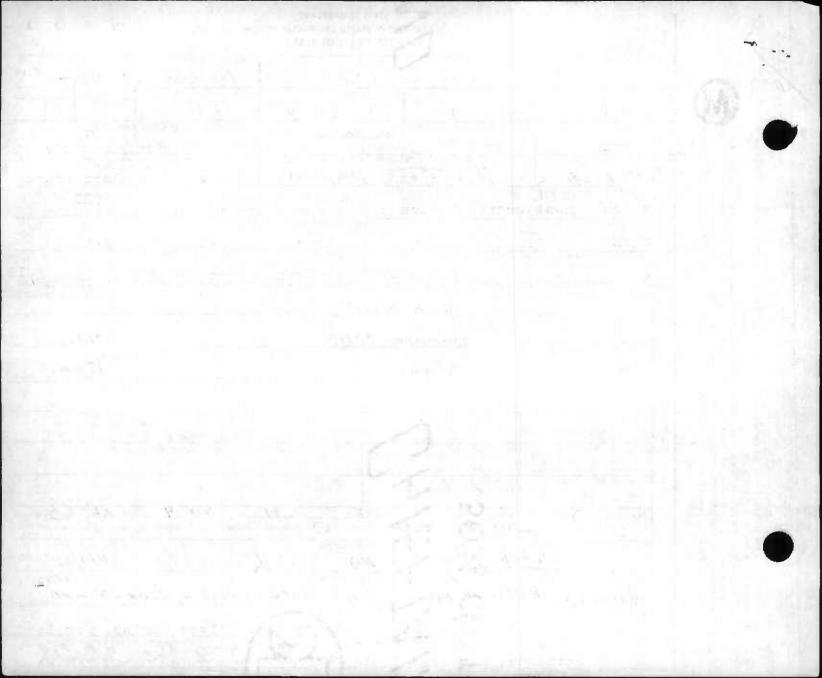
0	1-	REGISTRAR			CERTIF	ICATE OF DE	ATH	REG. NO).			
		CEASED NAME OR PRINT)		DDIE	P	NAN		20. DATE OF DEATH		9.1982	2b. HOUR	7
	3. SEX		4. RACE	anh	5. DATE C		YEAR	6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR		_
		RTHPLACE (STATE OR FOREIGN	Orient		11	ال الحد	30	9 BALTIMORE CITY OF	YRS.	OFDEATH		
7	V	ietnam	Vietna	m	WIDOWE		RCED _	MONTGO	MER	4 60	enty MO).
8	S	ilver Spring	112	FACILITY, GIVE STREET	ADDRESS)	HOS PIY	bal	170 USUAL OCCUPATION OF WORK FOR MOST OF OWNER		E) INDUSTRY	of BusiNess OR aurant	
5	13a, S	ALRESIDENCE (IF NURSING HOME OF ITATE 136 COUN MONT)	TY 1	ve residence before 3c. CITY OR TOW Wheato	'N	13d. INSIDE CITY	Y LIMITS?	130. STREET ADDRESS 12016 Geo	rgia	2090 Aven		
-	14 FA	THER'S NAME FIRST	AIDDLE	LAST		15 MOTHER'S A		ME MIDDLE		LA	ST	
0	1	Phan Ti		Thuc		Tra		Tuan		Anh		
1	EY	VAS DECEASED EVER IN U.S. ARA (ES. NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	66 SOCIAL SECU 86-14-		17 INFORMAN Phan T		ADDRE Nguyet Van			ame as 1	
		Conditions, if any, Which gave rise to immediate cause (a), stating the underlying cause last.	(b)	AS A CONSEQUI PULMONY AS A CONSEQUI	ENCE OF					40	days	
	NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS COM	NTRIBUTING TO	DEATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASE OR CONE	ITION GIV	EN IN PART 1	(a)	
2	CERTIFICATION	190. DATE OF OPERATION	196. CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFORM	MED	200 AUTOPSY?	IN CERTIF	S, WERE FIND! YING CAUSES S		
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL LIFE EITHER NOTIFY MEDICAL EXAMINER	21 b. TIME OF HOUR A.M P.M	. MONTH D	AY YEAR 19	21c. HOW INJU	JRY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM IS P	PART 1 OR PART 21		
	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF WORK	210 PLACE O	F INJURY T. FACTORY, OFFICE F	ARM, ETC)	211. LOCATION STREET	1	CITY OR TO	ΝN	COUNTY	STATE	
		22a I certify that (1) (this hospit saw the deceased alive an abave, (1) (we) (did) (did not	NOV S	19	JFM	,	19_ 79 our) opinion (death accurred on the do	te and hou	r and fram the	, that (we) last e causes stated	
	A,	22b. SIGNATURE Role	1) Rose	leg		PH	TENDING)	MEDICAL STAF		11/9	SIGNED / FZ	
1	100	22d. PHYSICIAN'S NAME (TYPE	PRINT)	0		220. ADDRESS					20707	

ROSENBERG, MO 1/31 UNIVERSITY BLUD W, DLUGE SPRING, MD 230 BURIAL, CREMATION, REMOVAL 23d LOCATION
CITY OR TOWN
Silver ^{23b. DATE} Nov. 12, 1982 23¢ NAME OF CEMETERY OR CREMATORY Buria1 Gate of Heaven Cem. Spring, Maryland Pumphrey Funeral Hom & DATE REC'D. BY REGISTRAR Bethesda. MAryland 20814 P.A. WV 19 1982

Bethesda, MAryland 20814

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use as the with the State Dept. of Health a IMPORTANT: If Hem 21 is



	4
	*
	Po
	£
	deo
	ter
=	0
120	DO L
0 2	4
X X	2
₹	#
AA	70
m,	ute
ő	e x
¥	9
ALI	0
	FICC
ISI	e-t-
0	ŧ
EST	deo
or or	9
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0 +
6	t t
S	- E
8	be
8	3
ex.	e lo
¥.	The original
>	AN
ō	O 6
6	HY
VIS.	G P
ā	Z
	Z -
-	TTE
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 in retained by the hospital or attending physician.
	the o
	HA by
	DSP Pd
	HC
	5 e

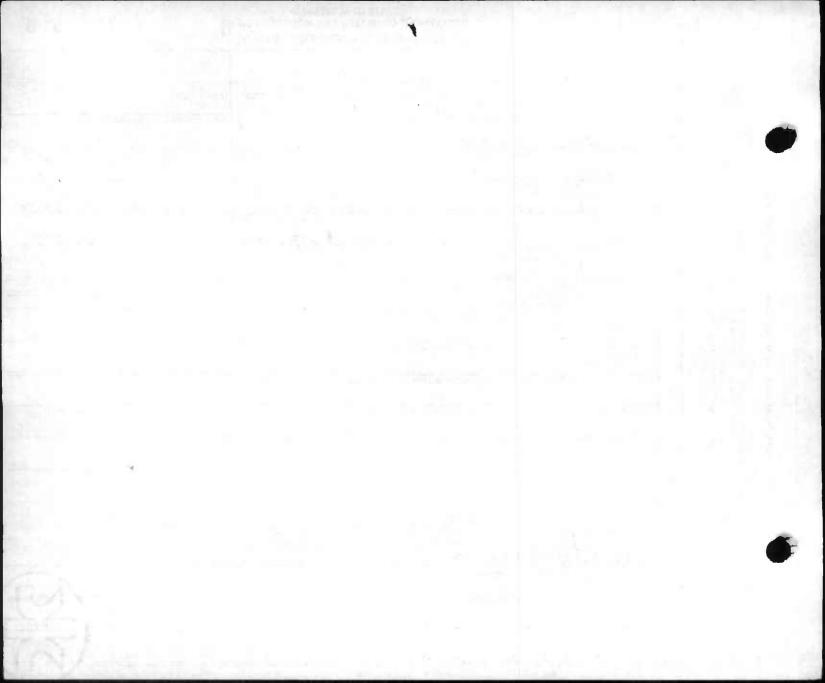
(VRA 15, 4)

	1-	FOR STATE			DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MEN		IENE 8 2		2 9	7 (5 /
		REGISTRAR					ICATE OF DEAT	I II		5. NO.		AR 2h	
(BE		OR PRINT)	FIRST	MIDDI			AST		20. DATE OF DEAT			20.	HOUR &
B.图 】		G	EORGE	BAR	RRINGTO)N F	HILLIPS		NOVEMB				1:30 %
a i	3. SE		4. 9	RACE		5. DATE C		VEAR	6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS		UNDER 24 HRS
6		MALE		WHITE	3	SEE	T 6, 19	43	39	YF	RS.		
Z Bou	AND S	RTHPLACE (STATE OR COUNTRY) ndiana	FOREIGN 7b.	USA.	AT COUNTRY?	8. MARRIE WIDOWE	DXX NEVER MARE		9 BALTIMORE CI MONTGO				AAD
200	10. C	TY OR TOWN OF DE	ATH 11.	NAME OF HOS		G HOME C	OR OTHER INSTITUT	ION	12a USUAL OCCU (TYPE OF WORK FOR M	OST OF WORKIN	NG LIFE) INDU		STAR
ld be		AL RESIDENCE (# NUR.	136 COUNTY	HER INSTITUTION, GIVE		ADMISSION)	. 13d INSIDE CITY L	IMITS?	13e. STREET ADDR	SS		463	68)
ond 2 show			Porte	r	Portage	3	YES NO	IDENI NI AR	BOX 826	, 6	CEDAR	TRA	<u>T P</u>
d 2 // //	14. 84	ATHER'S NAME FIRST	MID	DLE	LAST		FIRST		MIDE	LE		LAST	
o / DT		Newell	В		illips		Hele			DBECC	Pet	ers	
90		VAS DECEASED EVER	IN U.S. ARME	AR OR DATES!	SOCIAL SECU		17 INFORMANT		.FE/	DDRESS	0.4347		ADOUT
Po Po		Unknown		31	2-42-6	886	MRS. C	ONNI	E PHILL	IPS	SAMI		ABOVE
o l.		18 CAUSE OF DEAT	TH (Enter only o	one couse per line	for (a), (b), and	d (c).)					BET	PROXIMATE WEEN ONSE	T AND DEATH
n po	100	PART I. DEATH V	MAS CAUSED B	CAUSE (o) P	neumon	itis					1	wee	k
orbo or re fice		1919	DAME DITTE										
on, co		Conditions, if ony	which (DUE TO, OR AS A CONSEQUENCE OF (b) Ting Abscess 1 week							e k		
r tro		gove rise to im	mediote		_		2						
othe		underlying cous		DUE TO, OR A	aligna	nt A	strocyt	oma			1	yea	ar
jury, or	z	PART 2. OTHER SIG	NIFICANT CO	NDITIONS CONT	RIBUTING TO E	DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PA	RT 110	
ows ony in	CERTIFICATION	190 DATE OF OPERA	NOITA	196. CONDITIO	PN FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	IN C	F YES, WERE I	USES OF	
em 18 sh		210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME OF IN HOUR A.M. P.M.	MONTH DA	YEAR	21c. HOW INJUR	Y OCCURF	RED (ENTER NATURE O	INJURY IN ITEA	A 18 PART I OR PA	RT 2)	
or the	MEDICAL	21d INJURY OCCUP	RRED	21e. PLACE OF			211 LOCATION		CITY	ORTOWN	COUN	TY	STATE
rked	8	AT WORK AT WE			FACTORY, OFFICE, F							11-21-1	
f Heolifi I is mo		220.1 certify that (I	sed olive on	MOAFINDE	7 T 18	EPTI 32	MBER 8 1	/	, 10	MBER he date and	I 19 82	, moi	t (I) (we) lost ses stated
pt. o		22b. SIGNA	(did) (did ng)	body aft	er death.		DEGREE				22c.	DATE SIG	NED
detoch rote De ZT: # #		an	MX.	Schou	W	4.53	PHY	NDING SICIAN [MEDICAL DIRECTOR PH			1/1/8	32
should be de with the Stol		224 DAYSICIAN'S N	AME TYPE OR PI	-				ATIC		TITU			ALTH
APO A		(JAR	24 L.	Sch	AER		CLINIC	CAL	CENTER,		ESDA,	MD.	20205
3 4		BURIAL, CREMATION	, REMOVAL	23b. DATE	23c. h	NAME OF	CEMETERY OR CREA	MATORY	23d. LOCATION	yN	COUNTY		STATE
		Burial		11-5-82	Ca	lumet	Park Cer		y Merr	illyi	lle, I	ndiar	ia /
50M 4/82	24 F	UNERAL DIRECTOR		2847 Wil	son Blv	d.		2/3	PO D. B SHE	RAR 75 B	GISTRAP	LAMBR	N.

Ives Funeral Home Arlington, Virginia 22201

20M 4/82

	4	1.	FOR STATE REGISTRAR		STA DEPARTMENT OF DICAL EXAMIN		ND MENTAL H	G 64	REG. NO.	9 /	6 8		
			CEASED NAME FIRST		MIDDLE	EAST	,	20 DATE KN	NOWN XX MONT		YEAR 26. HOU		
35	ET,		Patric	k		Pintoz	zi	DEATH M	ATED	19	82		
PAE PAE	FILES. FOURS FOURS	3 SE)	ALE WHITE	S. DATE OF BIRTH	YEAR 6. AGE (IN YE LAST BIRTHD		DAYS HOURS	24 HRS. 2c. DATE MIN. PRONOUNCE DEAD	MONTH		82 11:2		
2500	\$ 15 m	7a. B	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	□ NEVER MARRII	D M	RE CITY OR COU				
差	3	CL	TY OR TOWN OF DEATH	U.S.1	4.	WIDOWED				County ME			
AAY IS	PAGE PAGE 2017	S	ilver Spring	HOLY	SPITAL, NURSING HOMI ACLITY, GIVE STREET ADDRESS!, Cross Hospi	ital	NSTITUTION	FOR MOST OF WORKING		OR IN	OF BUSINESS DUSTRY		
21201 ANY DE	258821		L RESIDENCE (IF IN NURSING HOME OF TATE				C	13e STREET ADDRESS			Agree		
D. 2		_	MD. ME	NT.	SILVER SP	4//63	MOTHER'S MAIDE	NNAME	107 VE	NICE	DKIYE		
E, N	AND	1 -	FIRST	MIDDLE	WILSON		KATHLE	MIDD!	48	SCO	T +		
BALTIMORE S AFTER DEA	S. GIVE PAGES I. WITH FORM PARS I. PAGES I AND SIVISION OF VIEW		VAS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURIT	Y NO. 17	INFORMANT		ADDRESS	000			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS	J PENCIL IN ITEM 18 CAMINER ALONG NI - TRANSIT PERMIT MENTAL HYGIENE, V, OR REMOVAL.		Conditions, if ony, which gove rise to immediate couse (a) stating the <u>underlying cause last</u> .	D BY: TE CAUSE (o) DUE TO, OR (b) DUE TO, OR (c)	Sudden Infar R AS A CONSEQUENCE R AS A CONSEQUENCE	OF OF				APPRO BETWEEN	DXMATE INTERVAL NONSET AND DEATH		
ECORD RF EXI	FE MEDICAL EXA SED AS A BURIAL HEALTH AND MAL, CREMATION,	LION	PART 2 OTHER SIGNIFICANT CONDITIONS					T 1 (a).					
HOIIL	SENOS	TIFICA.	190. DATE OF OPERATION	19b. CONDI	ITION FOR WHICH OPER	RATION WAS	PERFORMED?			20 AUTO			
NOF		MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME O HOUR A.A DEATH P.A	A. MONTH DAY YEAR		INJURY OCCURRED	ENTER NATURE OF INJURY	(IN ITEM 18 PART 1 OR	PART 2)			
DIVISIO	ATE, WRITING THOORWARDED TO ORWARDED TO ORE 3 SHOULD STATE DEPART OF STATE DEP	MEDIC	21d INJURY OCCURRED WHILE OT WHILE AT WORK AT WORK	21e PLACE	OF INJURY (AT HOME, TORY, FARM, ETC.)	71f. LOCAT STREE		CITY OR TOWN		COUNTY	STATE		
EXAMINED. T	ECT PER		11/2	e of the remoins de			Homicide,	Undetermined monn					
140	ETHE CER SHOULD IERAL DIR SEATH, WI ORE, MARI		ACTUAL SIGNATURE	Jua	_	M.D	ssistant	MEDICAL EXAMIN		NED	1/30/82		
) ME	EXECUT PAGE 4 TO FUN AFTER D BALTIM	4			Guard, M.D.		ZKL JJ	ll Penn STr	reet,Bal	to.,MD	21201		
1	@2749	23a.B	URIAL, CREMATION, REMOVAL	36 DATE	23c. NAME OF CE	METERY OR C	REMATORY	23d. LOCATION CITY OR TOWN	C	OUNTY	STATE		
1	BP	24 5	BURIAL I	DEC. 3,1	982 GATE	05	HEAVEN	SILVER EC'D. BY REGISTRAR	SPRINGS	MONT.	MD.		
(\	DHMH = 17 /R A15 ME (5))		HINES / RINAL DI	ADDRES:	NEW HOMP.	OVE S	DEC	1 - 1982	John,	J. Con	uf		



executed within 24 hours ofter

death

HOSPITAL OR ATTENDING PHYSICIAN: The low

ar attending physician

retained by the haspital

		· STATE REGISTRAR				FICATE OF DEATH	REG. NO.	
4		CEASED NAME FIRST DORA	Ire	ene		OLE	NOV. 17,	
	3. SE	x Female	4 RACE whit	te	S DATE O	F BIRTH 1893	6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER LYEAR IF UNDER
31		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DED MARRIED DIVORCED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH
00	I	Damascus	2620	O Pu	rdum	Road	12a USUAL OCCUPATION (TYPE OF WORK FOR WEST E WO)	12b. KIND OF BUSINE
36	13a S	AL RESIDENCE (IF NURSING HOME OF ATATE 136 COU	NTY	13c CITY OR TOW Damas C	N	13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 26200 Pur	dum Road
60	14. FA	George	MIDDLE	Beall		15 MOTHER'S MAIDEN NAM Savanna	ΛE	Brown LAST
medical		VAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES)	213-74-	9304	17 INFORMANT	ADDRESS Linthicum	Rockville,
		couse (a), stating the	DUE TO, C	or as a conseque				
ury, or at	z	underlying cause lost. PART 2. OTHER SIGNIFICANT	(c)_			NOT RELATED TO THE TERM	nal disease or condition	ON GIVEN IN PART 110
ows any injury, or at	TIFICATION	underlying cause last.	(c) CONDITIONS <u>C</u>	Ontributing to E	DEATH BUT	NOT RELATED TO THE TERM.	200 AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT
Item 18 shows ony injury, or at	CAL CERTIFICATION	PART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO E	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b	LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YES \(\text{\ti}\text{\t
orked or Item 18 shows ony injury, or at	MEDICAL CERTIFICATION	UNDERLYING CAUSE LOST. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	CONDITIONS	ONTRIBUTING TO E	OPERATIO AY YEAR 19	N WAS PERFORMED	200 AUTOPSY? 206	LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YES \(\text{\ti}\text{\t
m 21 is marked ar Item 18 shows any injury, ar at		UNDERLYING CAUSE LOST. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE CIFETHER NOTHYMEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK 220.1 Certify that (1) Charles as we the deceased alive ar above, (1) and the control of the control o	CONDITIONS	ONTRIBUTING TO E OTTION FOR WHICH OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, FA	OPERATIO AY YEAR 19 ARM. ETC.)	21c. HOW INJURY OCCURR 211 LOCATION STREET 2 19 27	200 AUTOPSY? 200 IN YES NOW PROPERTY IN IT	LIF YES, WERE FINDINGS USEI CERTIFYING CAUSES OF DEAT YES NO [
NT: If Hem 21 is marked or Item 18 shows any injury, ar at		UNDERLYING CAUSE LOST. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF ETHER. NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK 220.1 Certify that (1) Charles Sow the deceased olive or	CONDITIONS	ONTRIBUTING TO E OTTION FOR WHICH OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, FA	OPERATIO AY YEAR 19 ARM. ETC.)	21c. HOW INJURY OCCURR 211 LOCATION STREET 21 to the first opinion of the property of the prop	200 AUTOPSY? 200 IN YES NOW PROPERTY IN IT	LIFYES, WERE FINDINGS USEI CERTIFYING CAUSES OF DEAT YES NO TEM 18. PART 1 OR PART 2) COUNTY S 19 7 , that (II-(nd hour and from the causes steel 22c. DATE 6 IGNED

STATE OF MARYLAND

BP DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR FRANCIS H. BARBER LAYTONSVILLE 70D. 250. DATE REC'D. BY REGISTRAN 25 GEGISTRAN'S GON QURE NOV 2. 2 1982

2001 17, 100g 9690 rite OV. 12, 182 0 [] me o to eso mount onses toot core , toot core , too core correct - call Savantain - 1905. olowan och illiam . Minimicum och ville, i. erone is a morning

150		CEASED NAME FIRST MARC		~ Powell	20 DATE OF DEATH MONTH	DAY YEAR 26. HO
(M)	3 SEX	Female	4 RACE White	July 22, 1949	6 AGE (IN YEARS LAST BIRTHDAY) 33	IF UNDER LYEAR IF UNDE
16 9/2	Wa	RTHPLACE (STATE OR FOREIGN COUNTRY) Shington, D.C.	U.S.A.	MARRIED ☐ NEVER MARRIED WIDOWED ☐ DIVORCED		Y OF DEATH
11 //	Ta	koma Park	Washington A	URSING HOME OR OTHER INSTITUTION STREET ADDRESS! dventist Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Telephone Opera	tor Bank
1100	130. S Ma:	ryland	ME OR OTHER INSTITUTION GIVE REJDENCE OUNTY 134 CITY OR WHY	TOWN 134. INSIDE CITY LIMITS	5612 31st. Ave.	p Code-207
ampletely and 2 s	AV	ATHER'S NAME FIRST	F. Lak	2000	. MIQQIE	Southern
n and co		VAS DECEASED EVAR IN U.S YES NO OR UNKNOWN) {IF YE	S GIVE WAR OR DATEST	SECURITY NO. 17. INFORMANT 6-7804 Mrs. Audrey	F. Raley Mt.Rain	O Chillum nier, Md. 20'
physicia in papers imaval.		PART I. DEATH WAS CA	er anly one couse per line for (a), (AUSED BY: DIATE CAUSE (b)	Watery Fuller	2	APPROXIMATE INTI BETWEEN ONSET AN
nding carb , ar r		1027				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	e DUE TO, OR AS A CONS		increwed a of hung	6 soul
s sgred by the are from please remove to barral, cremation ripry, or other train	NO	gave rise to immediate cause (a), stating the underlying cause last	b (b) (he) DUE TO, OR AS A CONS			C MOND
has been signed by the inter- reperint Than please remove every injury, or other traon	TIFICATION	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	SEOUENCE OF	ERMINAL DISEASE OR CONDITION GIN 200 AUTOPSY? 20b IF YE IN CERTI	S, WERE FINDINGS US FYING CAUSES OF DEA
B physican entificate his been signed by the are rightness price to bainst common tem 18 s.	CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICA	DUE TO, OR AS A CONSTITUTION OF THE PROPERTY O	SEQUENCE OF G TO DEATH BUT NOT RELATED TO THE T WHICH OPERATION WAS PERFORMED 216. HOW INJURY OCC	ERMINAL DISEASE OR CONDITION GIVE 200 AUTOPSY? 200. IF YE IN CERTI	S, WERE FINDINGS USE FYING CAUSES OF DEA ES \(\text{NO} \)
gherdrig physican terminate by the are something physican in the burnd framer permit. Then please remove hand Mental Magnes prior to burnd. Cremation released by them 18 something injury, or other transmitted by them 18 something injury, or other transmitted by them 18 something injury, or other transmits in the contraction of the con	MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	DUE TO, OR AS A CONSTITUTION OF DEATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY 21e PLACE OF INJURY 21e PLACE OF INJURY	SEQUENCE OF G TO DEATH 8UT NOT RELATED TO THE T /HICH OPERATION WAS PERFORMED 1716. HOW INJURY OCC 1719 216. LOCATION	ERMINAL DISEASE OR CONDITION GIN 20a AUTOPSY? YES NOW YES	S, WERE FINDINGS USE FYING CAUSES OF DEA ES \(\text{NO} \)
sphal as othersking physican. CIOR, After this certificate has been signed by the are for one or the burish frames permit. Then please remove at Health ond Mandal Magnese prior to burish. Cremotion 23 is marked at them		gove rise to immediate cause 101, storing the underlying cause lost part 2. OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHE EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF CHE EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF	DUE TO, OR AS A CONSTITUTION 19b. CONDITION FOR W. 19b. CONDITION FOR W. 19b. CONDITION FOR W. 19b. CONDITION FOR W. 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME STREET, FACTORY, O.) 10aspital) attended the deceased for the dece	G TO DEATH BUT NOT RELATED TO THE TO	200 AUTOPSY? 20b. IF YE IN CERTIN YES NOW NOT THE NEW THE NEW TERM IS	S, WERE FINDINGS US FYING CAUSES OF DEA ES NO PARE LORPART 2)
At DRECTOR After this centificate has been signed by the medalisched for some in the burind frame permit. Then please remove one Dept. of Health and Americal Fragment prior to burind, cremation of the Dept. of the and Americal Fragment prior to burind. Cremation of them 23 is manked by them 18 s.D.s. any marks, or other traum.		gove rise to immediate cause (a), stating the underlying cause lost underlying cause lost long to the	DUE TO, OR AS A CONSTITUTION 19b CONDITION FOR W. 19b CONDITION FOR W. 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, O.)	SEQUENCE OF G TO DEATH BUT NOT RELATED TO THE TO H DAY YEAR 19 216. HOW INJURY OCC 19 21f. LOCATION STREET DEGREE ATTENDIN. PHYSICIAI	200 AUTOPSY? 205. IF YE IN CERTIN YES NOWN NOTITE TO RETURN TO REPORT TO REP	S, WERE FINDINGS USE FYING CAUSES OF DEA ES NO PARE LORPART 2) COUNTY
Assisted by the heaphtal as obtained ing physician. O RUNERAL DIRECTOR After this certificate his bean signed by the are hault be detached for our in the burind-frames permit. Then please remove eiththe Store Dept. of Health and Mental Hygiene-prior to buring, cremation upORTANT, it here 23 is marked by tem. It \$ 50 his any injury, or other trans		gove rise to immediate cause 101, stating the underlying cause lost underlying cause lost 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF EITHER MOTHER AT WORK AT WORK AT WORK AT WORK 22a.1 certify that (1) this h saw the deceased alimated to the contribution of the contrib	DUE TO, OR AS A CONSTITUTION 19b. CONDITION FOR W. 19b. CONDITION FOR W. 19b. CONDITION FOR W. 19b. CONDITION FOR W. 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME STREET, FACTORY, or conspital) attended the deceased for constitution of the poly ofter death.	SEQUENCE OF G TO DEATH BUT NOT RELATED TO THE T /HICH OPERATION WAS PERFORMED H DAY YEAR 19 216. HOW INJURY OCC STREET 19 2 19. Jane 1 hot in my Jury opin DEGREE ATTENDIN	200 AUTOPSY? 205. IF YE IN CERTIN YES NOWN NOTITE TO RETURN TO REPORT TO REP	S, WERE FINDINGS US FYING CAUSES OF DEA ES NO PART I OR PART 2)

don't noter--75-7 The Topic Street Concessor of Lang. Ja 32 " > Me 31 times to hearth the time the time the first of the Rurial Nov. 10, 12 Pt. Incoln Cometery prentycod T. 1, Maryland y. Gaschia sons L.H. T.J. Hyn sville, Md.

1				STAT	TE OF MARYLAND	-3 -63	0 0	2 "2 1
l i	FOR - STATE		DEPARTA		HEALTH AND MENTAL HYG	TIENE 8 2	2 9 1	/ / 1
1.	REGISTRAR			CERTII	FICATE OF DEATH	REG. NO.		
	ECEASED NAME FIRS		MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
(TYF	PE OR PRINT) Go ne	vieve	1 Ra	50))	11	22 82	2 A.
3. SE		4. RACE	L. // 9	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEA	
	FEMALE	CAUCAS	TAN	FER		82 YR	MONTHS DAYS	S HOURS MIN.
70 P	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	FEB	20, 1900	9 BALTIMORE CITY OR COU		
	COUNTRY)	76. CITIZEIN OI	4	1	D NEVER MARRIED	_		
	MARYLAND	U.S.	A.	WIDOW	DIVORCED DIVORCED	MONTGOMET		OF BUSINESS OF
10.			OCH FACILITY, GIVE STREET	ADDRESS)	4.3	(TYPE OF WORK FOR MOST OF WORKIN		
	OLNEY	Brooke		ounda		HOMEMAKER		
	JAL RESIDENCE (IF NURSING HO STATE 13b. C	ME OR OTHER INSTITUTION	13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		
	MARYLAND MO	NTGOMERY	ROCKVILL	.E	YES XX NO 🗌	15301 ROSE	CROFT RO	AD 20853
14, F	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		AST
	FRANCIS		DANIELS		1.50	UNKNOWN		
	WAS DECEASED EVER IN U.		16b SOCIAL SECU	IRITY NO.	17. INFORMANT	DAUGHTERADINISSLAU	U	
	(YES, NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)	213-12-	4740	OPAL S. RASC			
	18 CAUSE OF DEATH (Ent	er anly one course no	er line for (a) (b), on	d (c).)			APPRO	DXIMATE INTERVAL N ONSET AND DEATH
10	PART I. DEATH WAS CA	AUSED BY:	(au	one	browning an	rest		maleste
	D300	DIATE CAUSE (a)_			(
	020		OR AS A CONSEQUE	ENCE OF	a and low	luo	11/1	12
15	Conditions, if ony, which gove rise to immediate		8407	7	7			
	couse (a), stating the	I DOL TO,	OR AS A CONSEQUE	ENCE OF	U			
		(c)_						
z	PART 2 OTHER SIGNIFICA	ANT CONDITIONS (CONTRIBUTING TO	DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART	1(a)
CERTIFICATION	190. DATE OF OPERATION	Int CON	DITION FOR WHICH	OREDATIO	ON WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FIND	OINICS LISED
S.	190. DATE OF OPERATION	198. CON	DITION FOR WHICH	OPERATIO	ON WAS PERFORMED	INCE	RTIFYING CAUSE	ES OF DEATH?
1 =			0.5 15 11 11 15 17		Tax How bullion occurs	YES NO	AE2	NO 🗌
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	110110	OF INJURY A.M. MONTH D	AY YEAR	ZIZ. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
SA	(IF EITHER, NOTIFY MEDICALERA	MINER)	P.M.	19				10/33/30
MEDICAL	21d. INJURY OCCURRED		E OF INJURY	ARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
~	WHILE NOT WHILE AT WORK							
	22a I certify that (1) (this				12/-3/ 1980		1982	, that (1) (₩e) los
	saw the deceased of obove. (1) (5.6.7 did) (d	ve an 1///3	ly Alter death	12,0	and that in (my) (our) opinion	death occurred on the date and	hour and from th	he couses stated
	226 SIGNATURE	A THE TAX A THE COLO	//-		DEGREE		22c. DA	TE SIGNED
	14 84	livery	(mi)		ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	(1/2	22/12
1	22d. PHYSICIAN'S NAME (TYPE CHE PROPERTY			22e. ADDRESS	01 =	1	4
	1 A Sch	VEX GO	OM OL		18111/km	Ice the in Dr.	Olun,	Med 2085.
22-	BURIAL, CREMATION, REMO		,	NAME OF	CEMETERY OR CREMATORY	123d LOCATION		
230.	(SPECIFY) BURIAL	11/2			ND MEMORIAL PA	CITY OR TOWN	COUNTYAD	YLAND
	DUKIAL	11/2	+/04 MC	NULLA	AN MICHOKIAL PA	INT DALI INOKE	JAILAIV	LIMIAN

250. DATE REC'D. BY REGISTRAR 256. DEGISTRAR'S SIGNATURE NOV 29 1982

RIAL 11/24/82 MORELAND MEMOR
RECTOR FRANCIS J. COLLINS
UNIV.BLVD., W., SILVER SPRING, MD. 20901

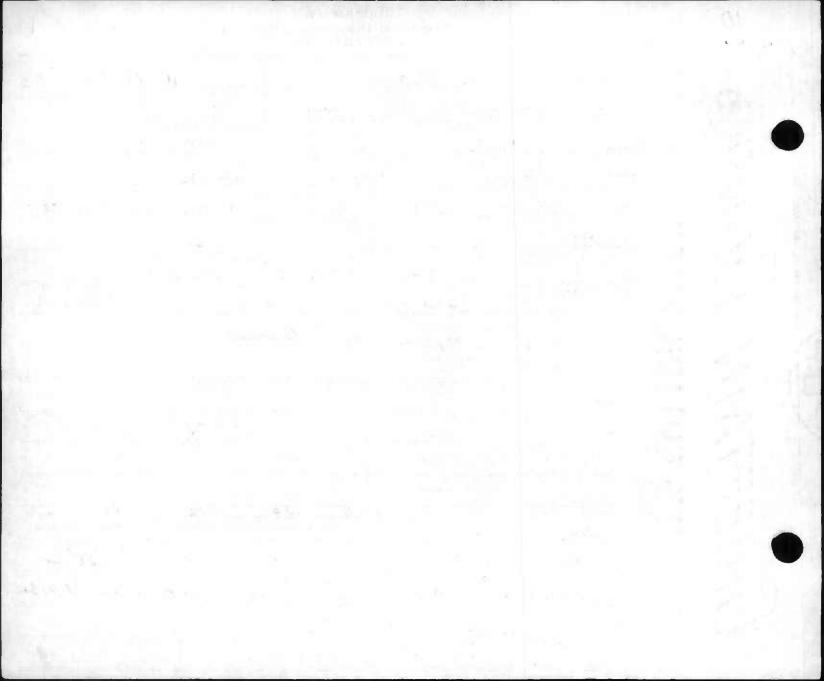
DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR
NAME
500 UNI

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filling in should be detached for use as the buriol transit permit. Then please remove corbonappers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, th



10	1.	FO
7	1 -	ST/

and completely filled in by the funeral dirioges 1 and 2 should be filled within 72 hou

R

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- 3	1
1	6	6a
	62.00	8.0

)	9	7	7	2
	•			-

REGISTRAR			CEKIII	ICATE OF DEATH	REG. N	Ю.		
1. DECEASED NAME FIRST (TYPE OR PRINT)		MIDDLE		LAST	2a DATE OF DEATH	MONIH	DAY YEAR 26.	HOUR
	Dale Ray				November 2	7, 198	32 09:	51 ам
3. SEX	4 RACE		5. DATE (6 AGE (IN YEARS LAST BIR	RTHDAY)	IF UNDER 1 YEAR IF U	NDER 24 HRS
Male	Caucas	ian		uary 18, 1950	32	YRS.	MONTHS DAYS HO	URS MIN.
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 AAAADDIE	DE NEVER MARRIED	9. BALTIMORE CITY O		OFDEATH	
North Carolina	United States WIDOWE			Montgomery County			MD	
				OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b KIND OF BUSINI			SINESS OR
Bethesda	Naval	Hospital	, Bet	hesda, Md.	U.S. Air	Force	Govt.	
North Carolina Bu	JNTY	131. CITY OR TOW Swannano	N	13d. INSIDE CITY LIMITS?	130 SIREET ADDRESS 106 Marti	n Roa	d	
14 FATHER'S NAME	WIDDLE	IAST		15 MOTHER'S MAIDEN NAM	WE		LAFT.	
John	Car1	Ray		Melba	Cuba	Į.	Hall	
160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
	-1982	239-84-9	879	Janet Lee Ra	ay			is th
Conditions, if ony, which gove rise to immediate couse to stating the underlying couse lost.	(b)_ DUE TO, C	DR AS A CONSEQUE	NCE OF	enous Leukemi:				
	CONDITIONS	ONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	IN ALDISEASE OR CON	DITION GIV	EN IN PART TIO	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	DITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY? YES NO	IN CERTIF	S, WERE FINDINGS YING CAUSES OF I	USED DEATH?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	EATH	OF INJURY A.M. MONTH DA P.M.	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART 1 OR PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
22a I certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did	Nov 27	19	00	9 , 19 <u>82</u> nd that in (my) (our) opinion o	, to <u>Nov 27</u> death accurred on the d	ote and hou		(1) (we) lost es stoted
226 SIGNATUR	oil 8	Stille			MEDICAL STA	FF SIAN []	22c. DATE SIGN	1ED
22d. PHYSICIAN'S NAME (TYPE				27e ADDRESS	n - 11 1	3/1 0	001/	13.71.3
Michael S. Mi	TIET			NAVHOSP BETH	Bethesda,	Md. 2	0814	
23a. BURIAL, CREMATION, REMOVA	L 236 DATE	23€ 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	200	I Stata	C+

TO HOSPITAL

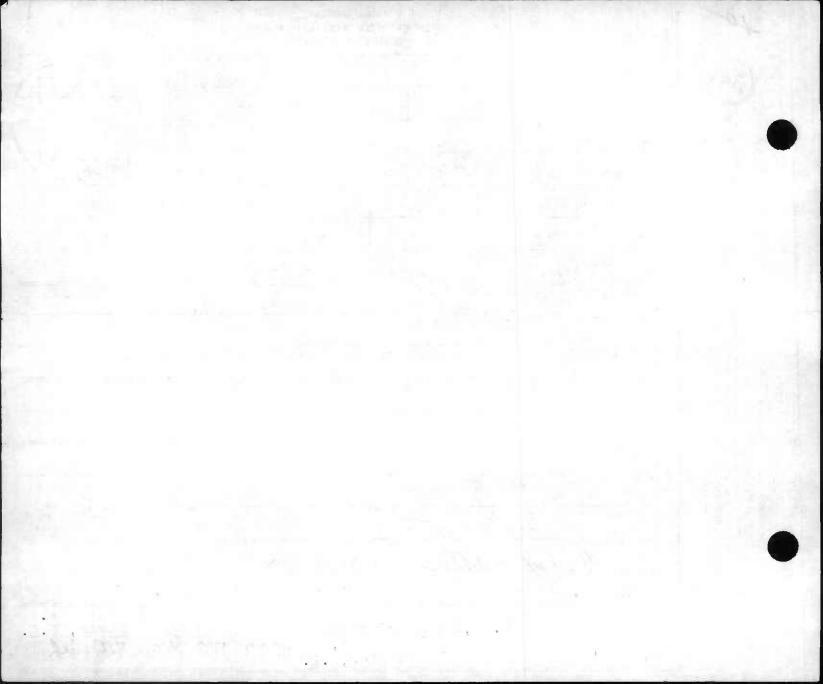
DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is should be detached for with the State Dept of

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

Removal Nov.30,1982 Miller Funeral Home Black Mountain,

4217 9th St, NW Marshall's Funeral Home Washington, D.C.



FOR

	1. DE	REGISTRAR CEASED NAME FIRST	MIDDLE		FICATE OF DEATH	REG. NO.	DAY YEAR 2b. HOUR	
		OR PRINT)	LYN ANNE REAMS			NOVEMBER 29 198	20. HOOK	
	3. SE		4 RACE	5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24	
		FEMALE	CAUCASIAN	DEC	EMBER 14 1981	YRS	11 15	
17/	To B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	ED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY		
9		ENNSYLVANIA	UNITED STATES	WIDOW		MONTGOMERY		
10		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINES	
/		BETHESDA	NAVAL HOSPITAL			- None	- None	
3	13a. S	AL RESIDENCE (IF NURS NO FOME STATE	UNITY STITUTION, GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS		
1			NCE GEO. BOWIE		YES 📉 NO 🗌	12302 MANVEL LA	NE	
1		THER'S NAME	MIDDLE		15. MOTHER'S MAIDEN NA	MIDDLE	LAST	
4		HUGH EDGINGTON VAS DECEASED EVER IN U.S.				LISE CUMMINGS		
2		(IF YES,	GIVE WAR OR DATES)	RITY NO.	17 INFORMANT			
	-		None None			12302 MANVEL LAN		
		PART I. DEATH WAS CAU	anly ane cause per line far (a), (b), an SED BY:		20715		APPROXIMATE INTERV BETWEEN ONSET AND D	
		7 46 9 IMMEDIATE CAUSE (a) CONGENITAL HEART DISEASE						
9		1101	DUE TO, OR AS A CONSEQUE	NCE OF				
		Canditians, if any, which	(b)					
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF				
		underlying cause last	(6)					
	7	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO I	DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 1(a)	
-	CERTIFICATION	IN DATE OF OPERATION						
1	FICA	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH	
-	ERTI	21g ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		Tal. How billion occurs	45-	NO 🗌	
/	1000	OR CONTRIBUTING CAUSE OF		YEAR	21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART ?)	
1	CA	(IF EITHER NOTIFY MEDICAL EXAMI		19				
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE, F	ARM ETC)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STA	
	1	WHILE NOT WHILE AT WORK						
		22a.l certify that (I) (this haspital) attended the deceased from NOVEMBER 29 19 82 to NOVEMBER 29 19 82 that (I) (we) It						
		saw the deceased alive	nat) view the bady after death.	32	and that in (my) (aur) apinian	death accurred an the date and haur	gnd from the causes stat	
10		226 SIGNATULE	nary view me bady after death.		DEGREE		22c. DATE SIGNED	
1		Many	neisto mo		ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	30 NOV :	
1		22d. PHYSICIAN'S NAME (III	(OFFINE)	-	PHYSICIAN 220 ADDRESS MATTAT			
	-	0	LT, MC, USNR		IVAVAL	HOSPITAL, NAVAL		
	23 o. P	URIAL, CREMATION, REMOV.		JAME OF	CEMETERY OR CREMATORY	123d LOCATION	ESDA, MD 200	
	(SPECIFY) Burial	1 10			City OR TOWN	COUNTY STA	
	24 FI	INERAL DIRECTOR	Deel 3/02 AT	TTIR (OH MACTOHAL C	em. Arlington, Ar	TTHE COIL AT	
	an.	NAME	Home Silver Sp		ne - ne	C8 1982	J. Coming	
	UL	ambers runera	nome Sliver Sp	ring.	Maryland Ut	U D IOUL		

STATE OF MARYLAND

WEIG 1

The substitute of

Lord V. C. College of the Lord Due, arise ton, resington, Virginia

Cummers June - - ver print, Maryland - - - ver - - - ver

executed within 24 hours ofter

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	REG. NO.	2	9	1	1
	CERTIFICATE OF DEATH		REG. NO.				ď

١.	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.				
	CEASED NAME	LAR		R.	Rei	ARDON	20 DATE OF	NO U			26. HOUR 859 /	0 1
3. SE	MALE	4.	Whi:	te	5. DATE C	DAY_ YEAR	6. AGE (IN YE	ARS (AST BIRTHDAY)	MONTH:	DER 1 YEAR	HOURS MIN	Ε
70.8	RTHPLACE (STATE OR F	OREIGN 7b.		VHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMOR	10N49	UNITY OF D	/	N	ND.
3.0	HY OR TOWN OF DEA	N98	NAME OF H	OSPITAL, NURSIN FRACILITY, GIVE STREET OF COO	ADDRESS)	tospital	(TYPE OF WORK	CCUPATION FOR MOST OF WORL		LKIND OF DUSTRY	BUSINESS O	R
130. 3	AL RESIDENCE (IF NURS STATE RYLAND	THE OUNTY		GIVE RESIDENCE BEFORE 13c. CITY OR TOW SILVER	N			ADDRESS 11 TAHOI	VA DRI	IVE	20903	
	ATHER'S NAME FIRST JOHN	MID	RI	EARDON		15. MOTHER'S MAIDEN NAI		MIDDLE	McMA		111011	
	VAS DECEASED EVER YES NO OR UNKNOWN) NO	IN U.S. ARME		161-24-		17. INFORMANT DAL	IGHTER EARDON	ADDRESS SEA	9763 BROOK,	MAR		
	18 CAUSE OF DEAT PART I. DEATH W 5990 Conditions, if ony, gove rise to imr couse 10. stofit underlying couse	MMEDIATE () which mediate g the	DUE TO, OF	AS A CONSEQUE	NCE OF	Shock regulive Seps y Trick Int	is Ierlion			6	AATE INTERVAL INSET AND DEATH INSET AND DEATH INSET AND DEATH	
CERTIFICATION	PART 2. OTHER SIGN Di Hoja 19a. DATE OF OPERA	Atla	rresele,	02:1	161	NOT RELATED TO THE TERM ONIC ASPIRATION N WAS PERFORMED	200 AUTO	PSY? 20b.	IF YES, WEF CERTIFYING YES	RE FINDIN	GS USED	
MEDICAL CER	21a. ACCIDENT WAS UNION OR CONTRIBUTING (FEITHER NOTIFY MEDION OF THE NO	CAUSE OF DEATH CALEXAMINER) RED	P./ 210. PLACE O (AT HOME STR	M. MONTH D. M. DF INJURY EET, FACTORY, OFFICE, F	19	21t. HOW INJURY OCCURI 21f. LOCATION STREET		CITY OR TOWN	C	OR PART 2)	STATE	
	22a.1 certify that (1) saw the deceas obove. (1) (we) (1) 22b. SIGNATURE	did) (did not) v	ottended the view the body	ofter death.		nd that in (mx) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN		from the c 22c. DATE S //- 2. c		st
	220 PHYSICIAN'S N.	AME (TYPE OR PI	PS-YO				140116		r Ro	2017	77	
	BURIAL, CREMATION, (SPECIFY) BURIAL		236 DATE 11/2	3/82 (OF HEAVEN	SI LV	ER SPRI		MON		D.
	UNERAL DIRECTOR				,MD.	ALOI	V 22 19	82	- Cu	2 Can	wilf	

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the furshould be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If Hem 21 is morked or Hem 18 shaws ony

CALL DECAME AND THE CO.

	PE OR PRINT) Isabe	11e	MIDDLE		edden	20. DATE OF DEATH MON		20.11001
			<u></u>	5. DATE C		November 29	-	6:45p
3. SE	Female	4. RACE Caucas	ian	MONTH		88	YRS.	
7a. B	BIRTHPLACE (STATE OR FOREIGN		States	9	D NEVER MARRIED	9 BALTIMORE CITY OR CO		
	Catin John		HOSPITAL, NURSIN ICH FACILITY, GIVE STREET MacArthur		OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Homemaker	DRKING LIFE) INDUST	D OF BUSINESS RY OME
13a.	ual RESIDENCE (IF NURSING HOME STATE 134 CC Mon	or other institution	GIVE RESIDENCE SEFORE 13c. CITY OR TOW Cabin Jo	ADMISSION) N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 7707 MacArt	hur Blvd.	(20818)
14. F.	FATHER'S NAME FIRST Hugo	MIDDLE	Knoepke		15. MOTHER'S MAIDEN NA Gussie	AMÉ MIDDLE	Greu	ling
160	WAS DECEASED EVER IN U.S.	ARMED FORCES?			17. INFORMANT	8004s	MacArthui	Blvd.
	(YES, NO OR UNKNOWN) (IF YES,	OITE WAN ON DATES)	215-12-1	148D	Geraldine R.	Shaw, daught	er, Cabin	John 2
	PART I. DEATH WAS CAL 2396 IMMED Conditions, if ony, which gove rise to immediate cause ia), stating the underlying cause lost.	DUE TO, (b)	OR AS A CONSEQUE	ENCE OF	be Bro	m lune	76	menv
CATION	2396 IMMED Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	DUE TO, (DUE TO, (DUE TO, (C) T CONDITIONS (OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO D	ENCE OF	NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITI	ON GIVEN IN PAR	T I I O
TIFICATION	2396 IMMED Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	DUE TO, (DUE TO, (DUE TO, (C) T CONDITIONS (OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO D	ENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITI	ON GIVEN IN PAR	T I I O
CAL CERTIFICATION	2396 IMMED Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	DUE TO. (DUE TO. (DUE TO. (C) T CONDITIONS (19b. CONI DEATH HOUR A	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM CONTROL N WAS PERFORMED	MINAL DISEASE OR CONDITION 200 AUTOPSY? 100 AUTOPSY? 100 AUTOPSY?	ON GIVEN IN PAR b. IF YES, WERE FIN I CERTIFYING CAU YES	T To IDINGS USED SES OF DEATH? NO [
MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause in), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 216, INJURY OCCURRED	DUE TO. (b) DUE TO. (c) IT CONDITIONS (C) 19b. CONI DEATH HOUR A PREN 21b. PLACE	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO E OF INJURY A.M. MONTH DA	ENCE OF ENCE OF OPERATIO AY YEAR 19	NOT RELATED TO THE TERM CONTROL N WAS PERFORMED	WINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO CONDITION NO CONDITION YES NO CON	ON GIVEN IN PAR b. IF YES, WERE FIN I CERTIFYING CAU YES	IDINGS USED SES OF DEATH? NO
	Conditions, if ony, which gove rise to immediate cause iol, storing the underlying cause lost. PART 2. OTHER SIGNIFICAN PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IFEITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOTWHILE	DUE TO, ((b) DUE TO, ((c) IT CONDITIONS (19b. CONI 21b. TIME HOUR A PRI 21e. PLACE (AT HOME, S	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO E OF INJURY A.M. MONTH DA P.M. E OF INJURY TREET, FACTORY OFFICE, F	OPERATIO	NOT RELATED TO THE TERM 21c. HOW INJURY OCCUR 21f. LOCATION STREET 21g. 19 10	200 AUTOPSY? YES NO CONDITION RED (ENTER NATURE OF INJURY IN	ON GIVEN IN PAR b. IF YES, WERE FIN I CERTIFYING CAU YES TIEM 18 PART I OR PART COUNTY	IDINGS USED SES OF DEATH? NO STATE
	Conditions, if ony, which gove rise to immediate couse iol, storing the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM.) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM. 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that (I) (this books, (I) (was ided) (ided) (12b.) Sow the decreased of live obove, (I) (was ided) (ided) (12b.)	DUE TO, (b) DUE TO, (c) DUE TO, (c) DUE TO, (c) OT CONDITIONS (C) DEATH HOUR A HOUR A LATE CAUSE (AT HOME S OT LONG TO THE HOOR A LATE CAUSE (AT HOME S OT	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO E OF INJURY A.M. MONTH DA P.M. E OF INJURY TREET, FACTORY OFFICE, F	OPERATIO	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET 27 19 15 nd that in (my) (opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CONDITION RED (ENTER NATURE OF INJURY IN	D. IF YES, WERE FIN I CERTIFYING CAU YES TOUNTY TOUNTY 19 52 TOUNTY 22c. D.	IDINGS USED SES OF DEATH? NO STATE
	Conditions, if ony, which gove rise to immediate cause iol, storing the underlying cause lost. PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 210. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. Leerlify that (I) (this is saw the deceased alive obove, (I) (was idid)	DUE TO. (b). DUE TO. (c). IT CONDITIONS (C). IT CON	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO E OF INJURY A.M. MONTH DA P.M. E OF INJURY TREET, FACTORY OFFICE, F	OPERATIO	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET 28 , 19 3 3 and that in (my) (and apinion of the physician of the physi	200 AUTOPSY? YES NO CONDITION RED (ENTER NATURE OF INJURY IN CITY OR TOWN death occurred on the date of MEDICAL STAFF	DON GIVEN IN PAR b. IF YES, WERE FIN I CERTIFYING CAU YES COUNTY TON 18 PART I OR PART COUNTY 22c. D. 22c. D.	IT I I I I I I I I I I I I I I I I I I

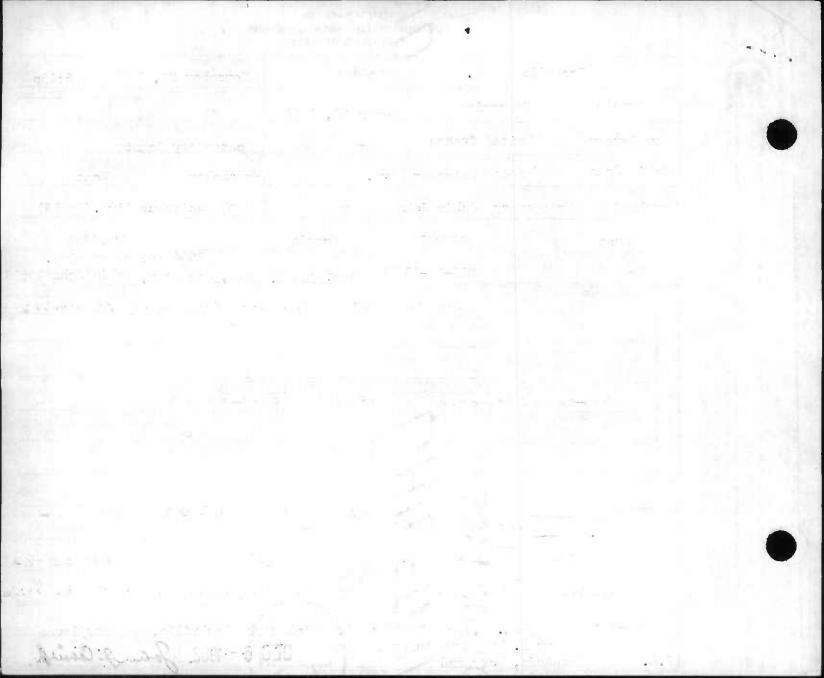
Bethesda, Maryland

STATE OF MARYLAND

DHMH - 16 50M 4/B2 (VRA 15, 4)

P.A.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



	1	
_	Ø	
	-	

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH

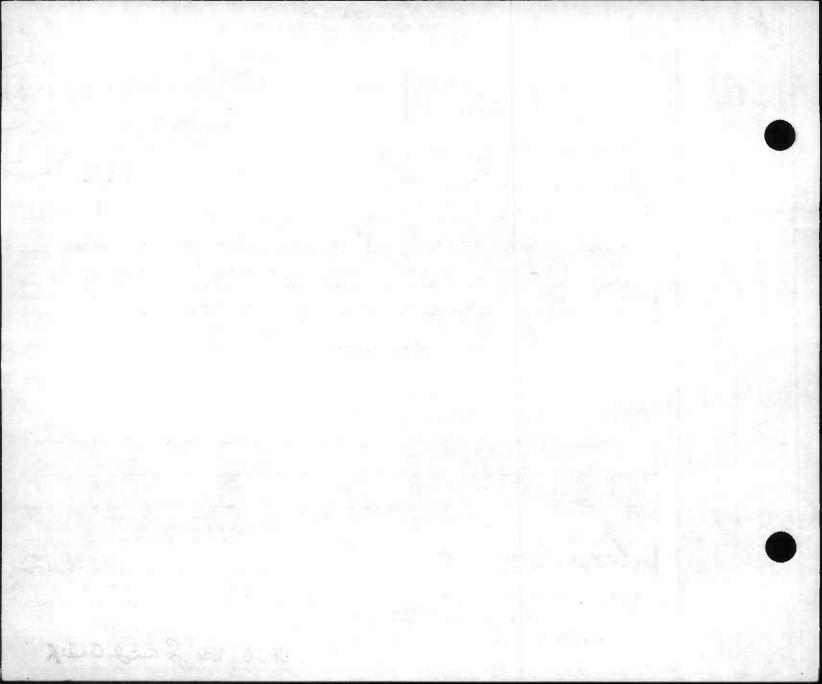
(3)	6 3	0	(2)	- 2	1.5	A.
8	4	En	9	6	1	0
	DEC NO					

		REGISTRAR				CERTII	FICATE OF DEATH	REG. 1	٧٥.			
		CEASED NAME	FIRST		WIDDIE		LAST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	-
			JOSEP	H RICHA	RD REII	LEY		NOVEMBER	28 1982		7:23	a M
	3 SE	X		4. RACE		5. DATE (6 AGE (IN YEARS LAST B	_	IF UNDER I YEAR	IF UNDER 24	HRS
		MALE		CAUC	ASIAN	AUG	UST 6 1898	84	YRS	ONTHS DAYS	HOURS	M IN.
2	7a. B	IRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	F WHAT COUNTRY? 8 MARRIED NEVER MARRIED			9 BALTIMORE CITY OR COUNTY OF DEATH				
1		NNSYLVANIA		UNITED	STATES	WIDOWI		MONTGOME	RY			MD.
1)0 C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NU	RSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS	
1		THESDA	/		L HOSPI			RETIRED	OF WORKING LIFE		NAVY	
3	JSU, 30 S	AL RESIDENCE (# 1111)	Mr. COUR	OTHER INSTITUTION	GIVE RESIDENCE E		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS				
2		RGINIA		NGTON	ARLIN		YES X NO	1714 SOU'	TH ARLI	NGTON	RIDGE	ROAD
1	14. FA	ATHER'S NAME	-10	WIDDLE	TAST		15 MOTHER'S MAIDEN NAM	ME		THE T		
L	1	Thomas		_	Reilley		Marcella	WIDDLE		Har		
2		WAS DECEASED EVER			16b SOCIALS	SECURITY NO.	17. INFORMANT	ADDR	RESS			
1		YES NO OR UNKNOWN)	1916	-1946	229-60	-0983	RICHARD H. T	IBBETS, 13	1 HESKE	TH STR	EET,	
		18 CAUSE OF DEAT	H (Enter an	ly ane cause per	tine far (a), (b	i, and ic	CHEVY CHASE,	MD 20815		BETWEEN	MATE INTERVA	AIH
		PART I. DEATH W			ETASTAT	TC ADEN	OCARCINOMA OF	THE COLON				
		1031										
		Canditians, if any,	which	DUE TO, OI	r as a conse	OUENCE OF						
		gave rise to imm	nediate	(b)—								
		cause (a), statin		DUE TO, OI	r as a conse	OUENCE OF						
				(c)								
	z	PART 2 OTHER SIGN	NIFICANT (CONDITIONS <u>CC</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GIVE	N IN PART 110	э,	
+	CERTIFICATION	19a. DATE OF OPERA	TION	10h CONDI	TION FOR WA	UCH OREDATIO	N WAS PERFORMED	100 00000	Tan inves			
П	BC.	IN DATE OF GIERA	11014	170 CONDI	IIION FOR WE	TICH OPERATIO	W AS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DEATH?	,
-	ERT	21a. ACCIDENT WAS UNE	DEBLYING F	215 TIME O	E INTILIDA		Tat. How blues a const	YES X NO	YES	4 = 1	NO 🗌	
r.		OR CONTRIBUTING	_			DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	JRY IN ITEM 1B PAR	RT 1 OR PART 2)		
	MEDICAL	21d. INJURY OCCUR				19						
	MEE	MILE NOT WH		21e PLACE (DE INJURY EET FACTORY OFF	ICE, FARM ETC)	21f. LOCATION STREET	CITY OR TO	OWN	COUNTY	STAT	Ę
		AT WORK AT WOR	RK					MOHENE	70 00	82		
		22a.1 certify that (1)	(this haspi	tal) attended the	e deceased fro	00		NOVEMB	, 1	9	that (I) (we)	
		up the decease	ed alive an did) (dud no	view the bady	after death.	9 <u>82</u> , ar	nd that in (my) (aur) apinian o	death accurred an the a	late and haur	and fram the	causes state	d
		12h SIGNATURE	111				DEGREE			22c. DATE	SIGNED	
		duna,	1110	1 smy	TIME		ATTENDING PHYSICIAN	MEDICAL STA		129/	Ch 18	2
8		224 PHYSICIAN'S NA	IME PAGO	PRINT)			122- ADDRESS	HOSPITAL,		EDICAL	COMM	AND
7		DENNIS L.	47.IIM	Δ Τ.Τ 1	MC IISN	IR	NATIONAL CAPI					
		BURIAL, CREMATION,		23b DATE			EMETERY OR CREMATORY	123d LOCATION	DETHE	DUA, M	W 208	14
		SPECIFY) buria		Dec.2,			ton National	Arlingt	on. Vi	rginia	STATE	E
	24 FU	NERAL DIRE WAR	har F.			-		REC'D. BY REGISTRAR			IDE -	7
		NAME FIGT	ny Ft	истат п	ADDRE	Frugrou	, va. DE(C 6 1982	John	2. Cou		
	-						DL(7			

DHMH - 16 50M 1/81 (VRA 15, 4)

to FUNERAL DIRECTOR, chould be detached for us

MPORTANT B BY



	Pog
	£ .
	eat
	-
	offe
	13
	Po
	24
	9
	- F
	P
	nte
	X
	0
	0
	0
	rtif
	00
	di o
	70
	4
	to
	10
	200
	8
	3
	9 c
	The Oro
	ZZ
5	CA
	IYS
	PH e
	5 4
	O o
_	E C
	ATI
	TO HOSPITAL OR ATTENDING PHYSKCIAN: The law requires that the death certificate be executed within 24 hours ofter death. Pagreined by the hospital or attending physicion.
	the
	TA
	Pa
	H is
	0 te

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnital should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

4 may be

FC 1 - ST			DEPARTM	ENT OF H		MENTAL HYG	IENE 8	2	2	9 7	7	1
RE	GISTRAR SED NAME FIRS	ST .	MIDDLE		CATE OF E	DEATH	2a. DATE O	REG. NO.	NTH DA	Y YEAR	Zb. HOUF	2
(TYPE OR P		yn ,	Matthews	Rho	des			Nov.	18	, 1982		
3. SEX	emale	4. RACE	ite	5. DATE O	F BIRTH DAY	1959	6. AGE (IN	YEARS LAST BIRTHD	YRS.	UNDER I YEAR	IF UNDER 2	A HR
COUN	PLACE (STATE OR FOREIGN N(RY) D. C.		WHAT COUNTRY?	B.	1000 DI	-	9. BALTIMO	tgomery	COUNTY	F DEATH		,
Bet	thesda	4823 W	HOSPITAL, NURSIN HFACILITY, GIVE STREET A FILLETT PE	arkwaj		TITUTION	(TYPE OF WO	OCCUPATION RK FOR MOST OF W Memake	ORKING LIFE)	126. KIND C INDUSTRY HO		SS C
130. STAT	20815 Mo	ome or other institution, COUNTY ntgomery	Bethesda	admission) V	13d. INSIDE C	NO 🗌	1	Willet	t Par			
14. FATHE	ER'S NAME FIRST Samuel	MIDDLE	Matthey	/s		s maiden na First hryn	ME	WIDDLE		Press		
	DECEASED EVER IN U. NO OR UNKNOWN) (IF Y	S. ARMED FORCES? (ES. GIVE WAR OR DATES)	578-62-1		J. SC	ott Rho	odes.	ADDRESS 5502 Po		Mary.		es
NOI PA	ove rise to immedio ouse (o), stating 11 nderlying cause la: ART 2. OTHER SIGNIFIC.	DUE TO, OI	DNTRIBUTING TO D	DEATH BUT			VINAL DISEAS	OPSY?	Ob. IF YES, V	WERE FINDIN	NGS USED OF DEATH	
	B. ACCIDENT WAS UNDERLYING CAUSE	OF DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCUR	RED (ENTERN	ATURE OF INJURY II	YES		NO [_
WEDICA WED	FEITHER NOTIFY MEDICAL EXA	21e PLACE		19 ARM, ETC.)	211. LOCATION STREET			CITY OF TOWN	,	COUNTY	ST	ATE
220	sow the deceased oli obove, (1) (we (did) (c			12/ 52, an	d that in (my)	(our) opinian	, ta death occurr	ed an the date	and hour o	and from the		
	B. SIGNATUR	277	MG	Į.		ATTENDING PHYSICIAN [MEDICAL	STAFF PHYSICIA	NO	Nov	. 18,	1
	Harold S.	Mirsky, M.	D.		730 -	- 24th S	t. N.W	. Wash	, D.C	200	37	
C	remation RAL DIRECTORJOSE	11/19	9/1982 Ced	dar Hi		matory	Su	ation y or town itland registrate 982		vland	51	ATE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

er ray	-vet		e seest.		
	22 12 - 21 100 - 10 1 011 - 20 1 100 - 10		onu due	tar	etma.
0.00	Tellacalie		venorni dre 112		nanodeva
ymak	HEST STATE		Almondad	Manual Citor	7.5805 .D
eronore Naryžano,		er petit in	profitmi:		Lemas
	mile SOFE .cobe	de dogae .	The state of the s		0
Betjár val Rexos is.		77			d. a.
		C., r			

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the fishould be detached for use as the burial-transit permit. Then please remove carbonpapers: Pages 1 and 2 shauld be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

injury, or other troumatic event, the medical

IMPORTANT: If Hem 21 is marked ar Hem 18 shows any

CONNECTICHT

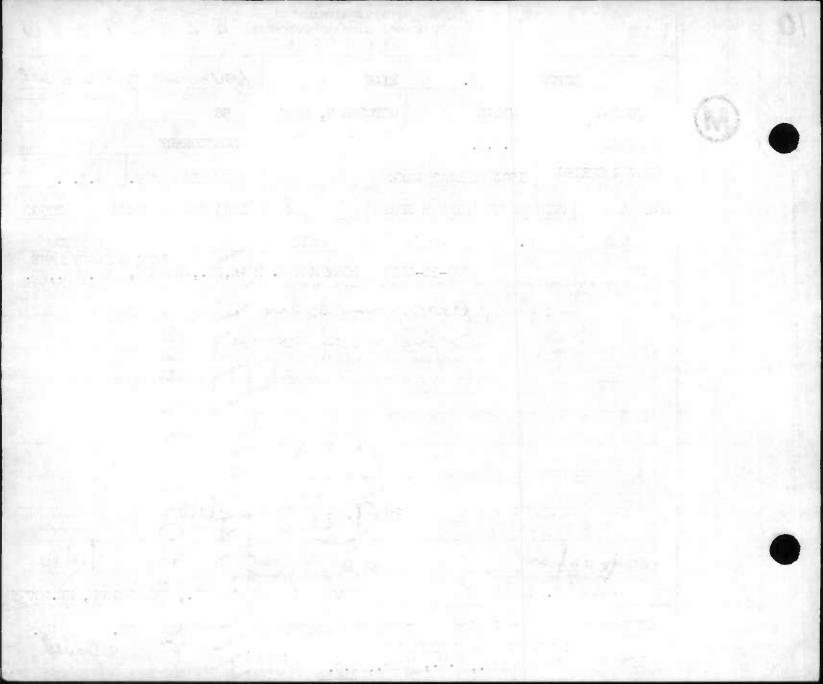
R & R CREMATION SERVICES NECTICUT AVE. N.W., WASH

STATE OF MARYLAND

1.	FOR STATE REGISTRAR			DEPARTN		ICATE OF DEATH	HYGIENE	REG. NO.	L	4 /	/ 3
1. DE	CEASED NAME	FIRST	,	MIDDLE	- 1	AST	20 D		ONTH DA	AY YEAR	2b. HOUR
(TYP	E OR PRINT)	EDITH		s.	RIAN	J	1	10UEMBE	R 9,	1982	6:30 PM
3 SE	X		4 RACE		5. DATE C		6. AG	E (IN YEARS LAST BIRTHD	AY) IF	FUNDERTYEAR	IF UNDER 24 HRS
	FEMALE		WHITE		OCTO	BER 7, 1924	4	58	YRS	DNTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE COUNTRY) PENNESEE	OR FOREIGN	76 CITIZEN OF	what country?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED		MONTGOMER		OF DEATH	MD.
,	SILVER SP	RING	1504 G	RIDLEY LA	NE	DR OTHER INSTITUTION	(TYPE	USUAL OCCUPATION OF WORK FOR MOST OF W EDITORIAL	ORKING LIFE)	INDUSTRY	F BUSINESS OR
13o. M.	ARYLAND	13b COUN		SILVER S	N		1	TREET ADDRESS	EY LA	NE	20902
14 F	ATHER'S NAME LEE		R.	SMITH		15. MOTHER'S MAIDEN SARAH	NAME	MIDDLE			STOW
16a \	(YES NOOR UNKNOWN)	/ER IN U.S. AR	MED FORCES? E WAR OR DATES)	579-32-2		MORTIMER E	E. RIA	AN, JR., HUS	1504 BAND,	SIL.S	SPG., MD.
CATION	gave rise to couse (o), strunderlying ca PART 2. OTHER S	ating the use last	(c)CONDITIONS <u>CC</u>		DEATH BUT	NOT RELATED TO THE T		AUTOPSY? 2	Ob. IF YES,	N IN PART 100 WERE FINDING CAUSES	NGS USED
MEDICAL CERTIFICATION	21g. ACCIDENT WAS	_	1 110110 4		Y YEAR	21c HOW INJURY OCC	CURRED (E	S NO	YES		NO [
MEDICA	21d INJURY OCC		21e PLACE		ARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	- 1	COUNTY	STATE
	220.1 certify that sow the dece obove, (1) (we	eosed alive an		7	2 0	, 19, 19	nian death c	occurred on the date	and hour o		that (I) (we) lost couses stated
	22d. PHYSICIAN'S	NAME (TYPE O		MD	N	22e ADDRESS	N DIRE	DICAL STAFF ECTOR PHYSICIAL		,	.6/82
0.0						10400 CONN			TUNDI	MOTON,	MD.2079
230	CREMATIO	n, removal N	236. DATE 11/10	,		HILL CREMAT		CITY OF TOWN SUITLAND		COUNTY PG.	STATE MD.
24 F	UNERAL DIRECTOR	R & F	CREMAT		CES	250.		5 1982	REGISTRA		

DHMH - 16 50M 1/81 (VRA 15, 4)

BP



	FOR - STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	29779
11. D	ECEASED NAME FIRST	Alfred	Richwine	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
3 S		4 RACE White	5. DATE OF BIRTH MONTH DAY YEAR 3 23	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MI
75	COUNTRY PA	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COU	
Name of the last	Silver Spring	(IF NOT IN SUCH FACILITY GIVE STRE	ing HOME OR OTHER INSTITUTION ET ADDRESS)	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS
35 130	STAT20015 136. COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFORM 13c. CITY OR TO	DRE ADMISSION)	13e STREET ADDRESS 5522 Wester	
50	FIRST LYGN	MIDDLE LAST	15. MOTHER'S MAIDEN NA FIRST Sue	ME	Winters
16a		RMED FORCES? IVE WAR OR DATES) 16b SOCIAL SEC. 220-44-	3538 A Martha M Ric	chwine. Same a	s item 13.
event, th	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane couse per line for (a) (b), (ED BY:	and ic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAD
Troumonic e	4340	DUE TO, OR AS A COUSEO	UENGE OF OR	1 50-	Czarjo
	Canditians, if any, which gave rise to immediate) (b)	mon ong.	0000	
the state of	cause (0), stating the underlying couse last	DUE TO, OR AS A CONSEO	1 100 -		
, or	underlying couse last	(c) by	DEATH BUT NOT RELATED TO THE TERM	, NINAL DISEASE OR CONDITION	GIVEN IN PART 110
, o	underlying couse last	(c) DJC	1 penjeusion	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
GRIFF	PART 2. OTHER SIGNIFICANT I	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM THOPERATION WAS PERFORMED 21c. HOW INJURY OCCUR	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
EDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT I I 9a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM THOPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 21f. LOCATION	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
21 is morked or Item 18 shows ony injury, or MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT IN THE PROPERTY OF T	(c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICIAL	DEATH BUT NOT RELATED TO THE TERM TH OPERATION WAS PERFORMED DAY YEAR 19 216. HOW INJURY OCCUR 19 216. LOCATION STREET 19 217. LOCATION STREET 19 217. 19 217	20a AUTOPSY? 20b. IF YES NO NO CE RED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO COUNTY STATE
If them 21 is morked or them 18 shows only injury, MEDICAL CERTIFICATION	Underlying couse last PART 2. OTHER SIGNIFICANT I 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTEY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (1) (this hosp saw the deceased alive an above, (1) (we) Light) (did not 22b. SIGNATURY)	CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 19b. CONDITION FOR WHICE 19b. CONDITION FOR WHICE 11b. TIME OF INJURY ATH P.M. 21c. PLACE OF INJURY (ATHOME, STREET FACTORY, OFFICE) (ATHOME, STREET FACTORY, OFFICE) (ATHOME, STREET FACTORY, OFFICE) (ATHOME) attended the deceased from 19. (ATHOME) view the body after death.	DEATH BUT NOT RELATED TO THE TERM TH OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 21f. LOCATION STREET 21 19 7 and that in (my) (aur) apinion DEGREE ATTENDING	20a AUTOPSY? 20b. IF YES NO NO CE RED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO COUNTY STATE 19.82 that (1) (we) I hour and from the couses stated 22c. DATE SIGNED
Hem 21 is morked or Hem 18 shows ony injury, or MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT IN THE PART 2. OTHER DESCRIPTION OF THE PART 2. OTHER 2. O	CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 19b. CONDITION FOR WHICE 19b. CONDITION FOR WHICE 11b. TIME OF INJURY ATH P.M. 21c. PLACE OF INJURY (ATHOME, STREET FACTORY, OFFICE) (ATHOME, STREET FACTORY, OFFICE) (ATHOME, STREET FACTORY, OFFICE) (ATHOME) attended the deceased from 19. (ATHOME) view the body after death.	DEATH BUT NOT RELATED TO THE TERM TH OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 21f. LOCATION STREET 21f. LOCATION STREET ATTENDING PHYSICIAN (1) 22e ADDRESS	20e AUTOPSY? 20b. IF IN CE YES NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 1982 that (I) (we) I hour and from the couses stated 122c. DATE SIGNED NOV. 6198

A September 1 Sept

72

and wast to the state of the st

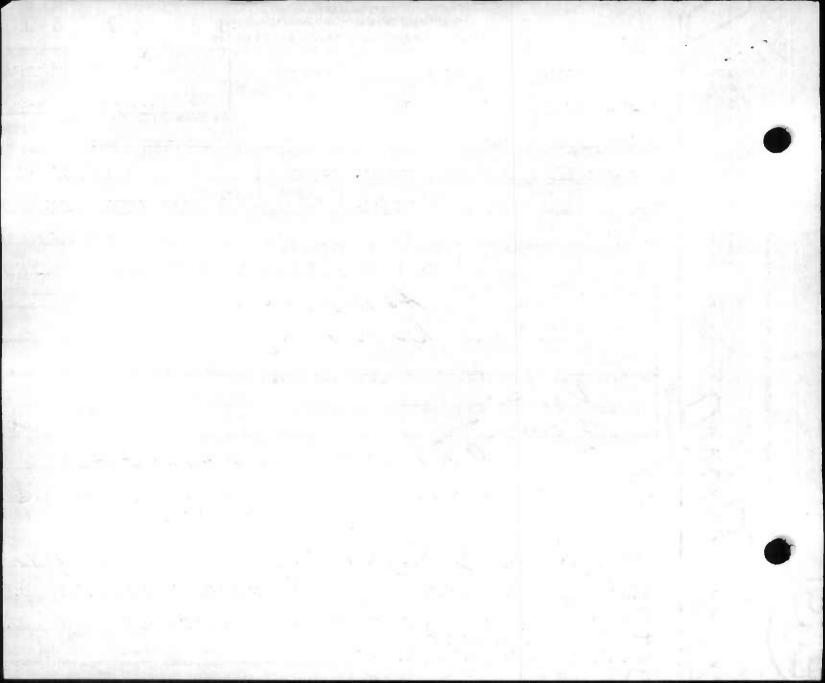
en la company de la company de

To the state of the control of the state of

Crommeton 11/0/1982 today bit 7 and bony both nd Parytand.

DIV INER: THIS CI ICATE, WRITI FORWARDE TOR: PAGE 3 THE STATE D AND, 21201	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSA EXECUTE THE CRRITIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNESM	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR TO FINEPAL DIRECTOR, PAGE 3 SHOULD BE LISED AS A BURIAL - TRANSIT PERMIT PAGES I AND 2-4-DUID BETHED MADE.	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE CORDS, 201 W/PROTTER DEPARTMENT OF DEP	AND ALKON TO BORIZE, CREWALLOW, OR REMOVAL.
--	---	--	--	--	---

						STAT	E OF A	AARYLAND					1
100		FOR STATE		D	EPART	MENT OF H	EALTH	AND MENTAL H	YGIENE	2	2 9	/ 8	0
7.0		REGISTRAR		MED	ICAL	EXAMINE	ER'S	CERTIFICATE O	F DEATI	H REG	6, NO.		
14		EASED NAME	FIRST		MIDDLE			LAST	20.	DATE KNOWN	N D MONTH	DAY YEAR	26 HOUR
4884	(TYPI	E OR PRINT)	Nellie	T.c	ouise			Ricketts		OF ESTI-		1 19 82	12:46
015%	3. SEX	1	RACE	5. DATE OF BIRTH	/u_sc	6. AGE (IN YEAR	s IF UN	NDER 1 YR. IF UNDER		DATE	MONTH	DAY YEAR	2d. HOUR
自動				5/26/12	YEAR	70 YRS	MONT	HS DAYS HOURS		DEAD	3 - 1 - 10	- 10	
(相)		Temale	white	76. CITIZEN OF WH.	AT COUR				9 1	BALTIMORE CI	11/1/8		112:46
報った	FO	REIGN COUNTRY)			AT COOK	NIKI:		IED X NEVER MARRI	IED 📙	PACITION C.	<u> </u>	IT OF BEATH	
Ser		ARY LAND	DE DE ATIL	U.S.A.	N.W. A. I. A. II. I	DC IN IC LIGHT	WIDOV			Montgome	ery Cou	nty	MD.
271				(IF NOT IN SUCH FAC	ILITY, GIVE S	TREET ADDRESS)			FOR MOS	TOF WORKING LIFE)		126 KIND OF BU OR INDUST	RY
9	Tal	koma Par	rk, Md					Hospital	HC	DUSEWIF	Ε	XXXXXX	XXXX
300	13a. S1		IF IN NURSING HOME O	OR OTHER INSTITUTION, GIVE		OR TOWN	N)	13d. INSIDE CITY LIMITS?	13e. STREET	ADDRESS			
50	Man	ryland		gomery		lver Sp	g.	YEXXX NO 🗆	9603	Flower	Avenue	2090	1
1	14. FA	THER'S NAME		WIDDLE		LAST		15 MOTHER'S MAIDE	NAME	MIDDLE		LAST	
50	A	McCLELLA	AND	**************************************		MILLS		SARA	\H	MIDDLE	Mo	CORMICK	
1	16a. W	AS DECEASED	EVER IN U.S. AR	MED FORCES?		CIAL SECURITY	NO.	17 INFORMANT		ADDI		20014112014	
0 0	(46	IS, NO, OR UNKNOW	(IF YES, GIVE	WAR OR DATES)	57	7-01-14	125	FRANCIS	2 1/ 12:	CKETTS	SAME	AS 13 H	ICRAIM
5			DEATH (Enter on	ly ane cause per line f			45	I INMINULO	, N.	CKLIIS	SAVIL	APPROXIMAT	
ヴ .			ATH WAS CAUSED	D BY:	di (d), (b)	E S	11	12 - 15	+ .:			BETWEEN ONSE	I AND DEATH
VAL		90	MAMEDIA	TE CAUSE (a)	AS A COA	SEQUENCE O	101	100	(10				
M H		Canditian	s, if any, which	DOE TO, OK	43 A CON	ASECUENCE O	-		\				
R RE		gave rise	e ta immediate			Chil C	22	ming					
0		lying caus	stating the <u>under-</u> se last.	DUE TO, OR A	4S A CON	NSEQUENCE O	F	U				1	
Ď.				(c)									
EWA	-	PART 2 OTHER SIG	HIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELA	ATED TO THE TERMIN	IAL DISEAS	E OR CONDITION GIVEN IN PAI	RT T (a).				
Š	MEDICAL CERTIFICATION	/	VAY	re									
えつ	CAI	190 DATE OF	DPERATION	196 CONDITI	ION FOR	WHICH OPERA	W MOIT	AS PERFORMED?				20 AUTOPSY	?
	TIF	/	VOY	u								YES 🗌	NOT
2	CER	210 EXTERNAL		216. TIME OF HOUR A.M.	MONTH	DAY YEAR	21c. H	OW INJURY OCCURRE	D (ENTERNATE	JRE OF INJURY IN ITE	M 18 PART I OR PA	ART 2)	
04	SAL	UNDERLYING CONTRIBUTIN	IG CAUSE OF I		11.	1 19 F Z	1 6	2 ~ www.	1 se	H/n	bath	tork	
PRIO	EDI	21d. INJURY O		21e PLACE O STREET, FACTO	FINJURY	(AT HOME,	21f LO	CATION					****
201	Æ	WHILE AT WORK	NOT WHILE	0 41	O LA	:IC.)	1	hwex	8:1	COA	11	TIMO	SIAIE
, 21							17/		X	TA	1016	246	Na-
N N				ge of the remains desc		ove, held on	Autop			Inquiry	and in my a	pinian	
5		death resulted	d fram: Natur	ral causes 🔲 ,	Accident	S.,	ide	Hamicide	Undeterm	ined manner			
5		ACTUAL/	1	00	1			TITLE (SPECIFY)			DATE	11	100
_		SIGNATURE	1	m / 6	/	100	Dea	w URP	MEDICA	LEXAMINER	SIGNI	NOV/1	252
BALTIMORE,		EXAMINERS	AME.			10	1	0					
1		TYPE OF PRIN	15	JOHN S. R	OGER		- 85				SILVE	R SPRING	G, MD.
ń	23a.Bl	JRIAL, CREMAT	ION, REMOVAL 2	36 DATE	23c. 1	NAME OF CEM	ETERY C	OR CREMATORY	23d. LOCA CITY OR T	TION	cou	NTY 5	TATE
		BURIA		11/4/82		GATE OF	HE	AVEN CEMETE		ILVER ST	PRING	MONT	MD.
	24 FL	JNERAL DIRECT	OR FRAN	CIS J. COL	LINS			1 1 1	REC'D. BY RE	GISTRAR 25h	GISTRAR'S	SIGNATURE	1
(5))	500	UNIV.		SILVER SP			1901	NUV	4 1	982	our o	to a bull	K
/82													



poge 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
NOV 1 2 1982 John & Court

9 7 2

STATE

FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	29781
1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
I DA Ell	.en	Ring		11.8.82. 11:54Pm
3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
Female	white	SINK. DAY YEAR	95	MONTHS DAYS HOURS MIN.
70 BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH
Denmark	A2U	WIDOWED DIVORCED	Montg	omery MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR:	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON 126. KIND OF BUSINESS OR INDUSTRY FOR ON
Bethesda	Suburban Ho	ospital	Check	DENMARIC
USUAL RESIDENCE (IF NUR 1130 E.C.)			13e. STREET ADDRESS	
WASh 12		YES NO	14201 Bu	TTERWORTH ST.
14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	LAST
Johnnes	RING	NATLAL	11	UNC
160. WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRE 43	ςς
NO	002-1	0 07/12 Charles B	owers	17.20008
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEC	ricular Fibril DUENCE OF DUENCE OF	Diseas	
	1	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONE	DITION GIVEN IN PART 1(0)
Mild organia Date of OPERATION		yndrome Ch Operation was performed	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \\ \bigcap \text{NO} \\ \bigcap \text{NO} \\ \text{NO} \\ \text{NO} \\ \text{NO} \\ \qq \qq
OD CONTRIBUTION CALLER OF	DEATH HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR PART ?)
(IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211. LOCATION STREET	CITY OR TOV	VN COUNTY STATE
sow the deceased alive-	spital) attended the deceased from Nov. 8 19		n death occurred on the do	te and hour and from the causes stated
120 Palent H	- Blee M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FIAN [11 9/8 2
22d. PHYSICIAN'S NAME (TYPE	E OR PRINT)	22e. ADDRESS		
Kobert H	Blee	8218 Wisco	nsin Ave,	#414, Bethesdak
230 BURTAL CREMATION REMOVA	23h DATE 23	NAME OF CEMETERY OF CREMATORY	23d LOCATION	

20016

DHMH-16 30M 2/80 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

MPORTANT: HANG 21

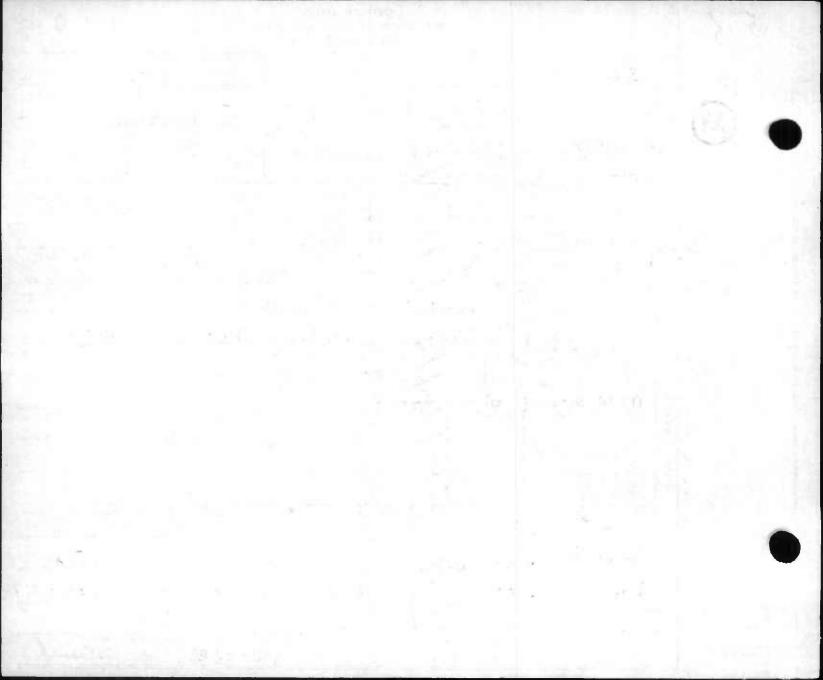
24 FUNERAL DIRECTOR

Tallo

Wise. Ave

NAPDRESS

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fushould be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



ATTENDING PHYSICIAN:

TO HOSPITAL

				-	
	1		1	-	1
	ж.		M		1
1	A.	32	W.	7.	11

r page 3 ter death After this certificate has been signed by the attending physician os the buriof-transit permit. Then please remove on the ond Mental Hygiene priar to burial, crematian, or Hem 18 shows on should be detached for use as with the State Dept of Health TO FUNERAL DIRECTOR: IMPORTANT: If hem 21 is

retained by the haspital or

BP DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

W. W. CHAMBERS CO INC.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

NOV 1 71982 Solu 2 Calcul

2

1-	FOR STATE REGISTRAR		DEPART		ICATE OF DEA		ENE 8 2	2	9 /	8 2
	EASED NAME	FIRST	MIDDLE		LAST .		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(,,,,,		RGINTA BISCO	E RIXEY				NOVEMBER 1	1 198	2	8:19
3. SEX		4. RACE		5. DATE O			6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DATE	
F	FEMALE	CAUCA	SIAN	JANU	ARY 5 190	7 7	75	YRS	MONTHS DATS	HOURS MIN
7a. BIF	CTHPLACE (STATE OR FOR	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D X NEVER MARE	RIED 🗍	9 BALTIMORE CITY OF	COUNTY	Y OF DEATH	
V)	IRGINIA	UNITED	STATES	WIDOW			MONTGOM	ERY		N
	Y OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSII H FACILITY, GIVE STREET L HOSPITA	ADDRESS)	OR OTHER INSTITUT	ION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAKER)		FE) INDUSTRY	OF BUSINESS OF HOME
USUA 13a. S VII	L RESIDENCE (IF NURSING TATE).	HOME OR OTHER INSTITUTION, COUNTY KING GEORGE	GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY L YES 🔀 NO		RD 2, BOX	217	1 61	ROME
1	THER'S NAME FIRST HENRY CURTI	S BISCOE	LAST		IS MOTHER'S MA	LIA SO	MIDDLE		LA	AST
		U.S. ARMED FORCES?	16b. SOCIAL SECI	JRITY NO.	17 INFORMANT		ADDRES	SS	224	85
	NO	(IF TES, GIVE WAR OR DATES)	230-83-	-1784	PRESLEY I	RIXEY	RD 2, BOX	217,K	ING GE	ORGE, V
	Conditions, if any, v gave rise to immer couse (a), stating underlying cause	which diate the last. (b) DUE TO, OI	R AS A CONSEOU	ING AC	ORTIC ANE					
NO	PART 2 OTHER SIGNIF	ICANT CONDITIONS <u>CC</u>	INTRIBUTING TO	<u>DEATH</u> BUT	NOT RELATED TO	THE TERMIN	nal disease or cond	ITION GIV	EN IN PART 1	10
CERTIFICATION	19a DATE OF OPERATIO	DN 19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	IN CERTIF	S, WERE FIND FYING CAUSE S X	
CAL	21a, ACCIDENT WAS UNDER OR CONTRIBUTING CAL LIFEITHER NOTIFY MEDICAL	JSE OF DEATH HOUR A.I.	M. MONTH D	AY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 F	PART : OR PART 2)	
WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME STR	OF INJURY BET, FACTORY OFFICE,	FARM, ETC)	21f. LOCATION STREET		CITY OR TOW	/N	COUNTY	STATE
	sow the deceased abave, (1) (we) (did	his hospital) attended the olive on <u>NOVEMB</u>) (did nat) view the body	ER 11 19	82	nd that in (my) (aur)		, to NOVEMBER eath accurred on the da		or and from the	
	22b. SIGNATURE				DEGREE	NDING	MEDICAL STAF		-	E SIGNED
	22d. PHYRICIAN SNAM Engl	ruk	C. USN		PHYS 22e ADDRESS	ICIAN [TAL, BETHES	AN		OV 1982 4
	JRIAL, CREMATION, RE			NAME OF C	EMETERY OR CREM		23d LOCATION	, ,		
(5	CREMATION	11-16	_1082 C	FDAR	HILL CR	EMATO!	RY SILITIANI	0.	P.G.C.	Md.

ADDRESS

SILVER SPRING.

11-1-15-2

BP.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Regiment to enough by the haspital or ottending physician.	
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the function of shauld be detached for use as the buriol-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filled within 72 haurs ofter death with the State Deat of Health and Mantral Hagine print to buriol, removal.	1
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other troumatic event, the medical examiner must be natified at ance.	

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH	NE	8	2	2		3	1	8	
	CERTIFICATE OF DEATH			REG. NO	O.					
OLE	A LAST	2a. DAT	E OF	DEATH	MONTH	DAY	YEAR		26 HOUR	

1.	STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO.	, , , ,
	ECEASED NAME PE OR PRINT) Anni	e J.	Roberts	20. DATE OF DEATH MONTH	1-82 025A
3. SE	Female	1. RACE Black	S. DATE OF BIRTH TAN. 12 1941		FUNDER LYEAR OF HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) ALA	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	MON'TGOME	-0.
5 7-	ROCKUILE	11. NAME OF HOSPITAL, NURSH (IF NOT IN SUCH FACILITY, GIVE STREET Shady Grove	ng home or other institution tableses! Adventist Hospital	12a. USUAL OCCUPATION (Type of work for most of working life The Developer	1/
5 130.	JAL RESIDENCE (IF NURSING HOME OR STATE 136, COUN		YES NO D	130. STREET ADDRESS Heathe	erford Cour
C	JOHN	E, Bogar	15 MOTHER'S MAIDEN NA/	e 5" DAU	I S
	WAS DECEASED EVER IN U.S. ARI	MED FORCES? 166. SOCIAL SECTION SOCIAL SECTION (MATERIAL SECTION)	O113 Mannie Re	oberts (Husban	7
	PART I. DEATH WAS CAUSED	ly one couse per line far (a), (b), or D BY: E CAUSE (a)	-1 1 1	cinomatosis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which	DUE TO, OR AS A CONSEQU	SECUPOLA OF	THE BREAT	4461
	gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	IENCE OF		
NOI	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to</u>	DEATH BUT NOT RELATED TO THE TERM	inal disease or condition give	N IN PART 110'
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH D	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (this haspit sow the deceosed alive an above, (I) (we) (did) (did not	al) attended the deceosed fram.	82_, and that in (my) (aur) apinian (to OCT 31, I	9 8 2, that (I) (we) lo and from the couses stated
	Bela Lu	uner lu 5	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
	ELBA J	MARTINEZ	11.0 8808 H	LODEN HILL L	A. POTOMA
23a	BURIAL SEMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d-LOCATION CITY OR AND STATE	COUNTY 1/STATE
	KemourL	11-2-02	Mislian Denevolent	THE 18/00/16	HIA

DHMH - 16 50M 4/82 (VRA 15, 4)

APPROVED TO STREET TO STREET The state of the s Wind and Rody & de

	E OR PRINT)	Char	los	E		Rober	ts, Sr	
3. SE			RACE	<u></u>	5. DATE OF		1010	6. AG
3. 30	M		Black		MONTH 6	22	20	
95 70. B	IRTHPLACE (STATE OR FO	OREIGN 7b.	CITIZEN OF	WHAT COUNT	RY? 8. MARRIED	KNEVER M	AARRIED -	9. BA
)	W.VA		U.S.A	Α.	WIDOWED	DIV	ORCED [I
10. C	ITY OR TOWN OF DEA	TH 11.		HOSPITAL, NU	RSING HOME OF	OTHER INST	ITUTION	12a. U
	Wheaton		11720	Veirs	Mill Ro	ad		
13a.	AL RESIDENCE (IF NURSI STATE lary land	13b COUNTY		130 CITY OR 1	I NWO	13d. INSIDE CI	NO [13e. S
14. F.	ATHER'S NAME	liam R	oherts	LAST		15. MOTHER'S	FIRST	zab
160	WAS DECEASED EVER				SECURITY NO.	17 INFORMA		حسات
	(YES, NO OR UNKNOWN) Yes	(IF YES, GIVE W	AR OR DATES)	232-2	8-2119	Grace	Rober	ts
CATION	PART 2 OTHER SIGN	NIFICANT COI			TO DEATH BUT I			AINAL I
CERTIFICAT				# A			LUBY OSSU	YE
2 2	OR CONTRIBUTING	CAUSE OF DEATH		M. MONTH		ZIE, HOW IN	JURY OCCU	ואנט (ו
MEDICAL	(IF EITHER NOTIFY MEDIC		P. 21e. PLACE	M. OF INJURY	19	21f. LOCATIO		
ME	WHILE IT NOT WH	ILE 🗍		REET, FACTORY, OF	FICE, FARM, ETC)	STREET		
	22a. I certify that		ottended th	e deceased fr	om	8	19 84	
	sow the decease	ed olive on		1/30		d that in	(our) opinior	deoth
	77h SIGNATURE	noch) our	mp			ATTENDING PHYSICIAN	DIR
7	224. PHYSICIAN'S N	AME THE OFF	tire!)	-	100	22e ADDRES		
1	Jay	Wein	e- 16	00		476	1 Re	٠١.
73e	BURIAL CREMATION,	E-100 (1-	23b. DATE	-82	Cate of			erv

#5,6,FilmG574 12/30/82 kam STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 2b. HOUR F (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 62-LTIMORE CITY OR COUNTY OF DEATH MONTGOMERY JSUAL OCCUPATION 126. KIND OF BUSINESS OR OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Construction Worker 720 Veirs Mill Rd LAST MIDDLE eth Lane ADDRESS (Wife) same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION GIVEN IN PART 110 a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY CITY OR TOWN that ((we) lost 11/30 occurred on the date and hour and from the causes stated 224 DATE SIGNED STAFF ECTOR PHYSICIAN city Silver Spring, Montguand. pmrar 246 N. Washington Streets Date REC'D. BY REGISTRAR 200 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR George R. Snowden Rockville, Md. 20850

DHMH - 16 50M 4/82

(VRA 15, 4)

URL TITLE OF THE SECOND STREET STREET, STREET,

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial transit permit. Then please remove carbonoopers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours oft retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 MPORTANT: If Item 21 is marked at Item 18 shaws any injury, or ather traumotic event, the medical

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9

2

5

REGISTRAR				CERTIF	ICATE OF DEATH	R	G. NO.		
I DECEASED NAME (TYPE OR PRINT)	WILLIF		PAUL R		rtson, SR.	2a DATE OF DEA	TH MONTH	17-82	7 A M
3. SEX		4 RACE)	S. DATE O		6 AGE (IN YEARS)	AST BIRTHDAY) YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN,
	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE			
MAR YLAND		U.S.A.	70-10-10	WIDOWE		Mo	VT601	46124	MD.
	oring	HOL	HEACILITY, GIVE STREET A	SS S	HOSPITAL	12a. USUAL OCC (TYPE OF WORK FOR MANAGES	MOST OF WORKING	12b. KIND C INDUSTRY PLUMB I	OF BUSINESS OR
USUAL RESIDENCE (1) 130. STATE MARYLAND		OTHER INSTITUTION ITY GOMBRY	GIVE 2090 6 ORE A 13c. CHYOR TOWN WHEATON	admission)	13d. INSIDE CITY LIMITS?	13e. STREET ADDI 12727 GC		AD	
14. FATHER'S NAME FIRST GEORGE		WIDDLE RO	DBERTSON		15 MOTHER'S MAIDEN NA MAUD	MIC	DUE	HARDE	
YES OF UNKNOW	EVER IN U.S. AR/	WAR OR DATES	16b. SOCIAL SECUR 214-07-69		17 INFORMANT				20906 27 GOULD
Conditions, if gove rise to couse (o), underlying	ony, which immediate stating the couse lost.	D BY: E CAUSE (o) DUE TO, O DUE TO, OI (c)	A CONSECUE	yce of	Color John Most Relation to the Text	torg ru	outh.		IMATE INTERVAL ONSET AND DEATH
19ª DATE OF OIL	none			77	ON WAS PERFORMED	20g AUTOPSY	20b. IF Y	YES, WERE FINDING CAUSES	NGS USED
OR CONTRIBUTING	AS UNDERLYING COMMENTS OF DEAL OF MEDICAL EXAMINER CURRED	HOUR A. P. 21e. PLACE	M. MONTH DA' M.	19	21c HOW INJURY OCCUP	RRED (ENTER NATURE	7		STATE
270. I certify the spower of t	of (I) (this hospit	Joseph He Body	THEH	MD	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL DIRECTOR P	STAFF HYSICIAN [our and from the	that (I) (we) lost couses stated
BUR'TAL	ION, REMOVAL	23b. DATE 11/20	/82 FRO	STBU	JRG MEM. PAR	K FROST	BURG,		ANY, STMD.
SOWERS FU	NERAL I	NULLEUS	FROSTBURG	7 51, 3	25e. DA	TE REC'D. BY REGIS	10	ISTRAR'S SIGNAT	URE

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

				A.8.V	CV 0 3 7 7 7 1
SAISTATA 8	DAYAY		2000		
GV a Chico) Leve [×M		YSSA FYTT	GAVILLAVA
ASOLAN CAMPAN		CHILIT	TXTTI	257	200.20
2.4221 . 45 AUSTUE	egg e m	iss, willi	214-07-6988	II WW	YSS

PURIAL 11/20/82 FR STRUNG 60 M. MAIN ST. 30WERS FULLWALL HIMS, FROSTBURG

.W.STEURG, LLESSAYY, 'O.

ATTENDING PHYSICIAN: The law

TO HOSPITAL OR

BP.

retained by the haspital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9

REGISTRAR				CERTIN	ICAIL OI	PERIII	REG. NO	D.				
1. DECEASED NAME	FIRST		MIDDLE	L	AST		2a. DATE OF DEATH	MONTH	DAY	YEAR	2b. HO	UR
(TYPE OR PRINT)	36		m 4 1								110	
n cev	Matt		B.Lake								-	- 111
3. SEX		4. RACE				YEAR	AGE (IN YEARS LAST BIR	HDAY	MONTHS		HOURS	MIN.
male		wh	ite	Feb.	27	1976	6	YRS.				
70. BIRTHPLACE (STA	TE OR FOREIGN						9. BALTIMORE CITY O	R COUNT	Y OF DE	ATH		
COUNTRY)							Montgo	merv				
shington.		Matthew Blake Robins November 1980 100 M M										
IN CHIT ON TOWN	DEATH				A OTTICK 1143	111011014					F BU3114	ESS OR
Rockvil							N/A			A/I		
USUAL RESIDENCE (1					A 124 INICIDE (TITY LIMITED	112. CTREET ADDRESS					
						_						
laryland	Mone	gomery	LKOCKVII	le .	- A			er Di	rive	20	1853	
FIRST		MIDDLE	LAST		13. MOTHER					LAST	Т	
Noe1		Bruce	Robin	S	P	atrice	Ann		Mc	Cur1	ev.	
			166 SOCIAL SECU	JRITY NO.	17. INFORM	TMA	ADDRE	\$5				
N/A			NT / A		37 7	D D-1.		,		10		
					MOST	B. KODI	Ins-rarner-	1 same				RVAL
	immediate stating the	(b)_										
	SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	AINAL DISEASE OR CON	DITION GI	VEN IN F	PART III	٥,	
19a DATE OF O	PERATION	19b. CONE	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED		IN CERTI	IFYING C		OF DEA	TH?
OR CONTRIBUTING		ATH HOUR A	.M. MONTH D		21c. HOW IN	NJURY OCCUR	RED (ENTER NATURE OF INJUR	IY IN ITEM 18	PART 1 OR	PART 2}		
21d INJURY OC	CURRED						C.T.Y. OR 101	NAIR I	500	LINITY		C 7 A 7 E
AALLIFE	AT WORK	(AT HOME, S	TREET, FACTORY, OFFICE,		STREE		CHYORIO	WN		UNIT		STATE
sow the de above, (I) (eceased alive ar we) (did) (did n	41 1 /	87 198	2 , on		19 8 2 (our) apinion	death accurred on the de	ote and ha		rom the	couses st	toted
22b. SIGNATUR	E .	10			DEGREE				22	c. DATE	SIGNED	
Muc	chaels	115mg	men	1	(D)		MEDICAL STAF		4	HNO	W19	283
22d PHYSICIAN	I'S NAME (TEE	OR PRINT)			22e. ADDRES	SS						

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within the transfer with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or ather traumatic event, the

IMPORTANT: If them 21 is marked ar them 18 shaws any

executed within 24 haurs after death. Page 4 may be

24 FUNERAL DIRECTOR

FOR - STATE

Cremation

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Nov. 1982 Crematory

.MD

Brennan

23b. DATE

Avmy Med CTV-136 LOCATION CITY OR TOWN

COUNTY

STATE

Washington D.C. 11800 N.H. Ave., Hines/Rinaldi Funeral Home S.S. Md 20904

23c. NAME OF CEMETERY OR CREMATORY

Sold Ser Jan	redievoli			viole 2.074	
		721 ,75	ioù egi		
	Sengadyrol.		Ad	Hara	"Jashkuston"
SETUS SWEET	19915 Raugr		5. IV. 201	grappy	Lanfers
- NeCurlay	msk	palviag	Sublus	Bruch	
	e-fathar- (e	pleas at took		.AAG	ANT
	7	42 T			
A1 A11/17		w 611			
A GAST FAREST	Jan Harry	and set and set	Lart III. mont	17.	ath M. T.
.0.0	Hachtageon	dennacony Jwn. 2000		.voll must H. Lavannik Lid	

executed within 24 hours ofter

OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etained by the haspital or offending physician

/ 1					STAT	TE OF MARYLAND	0. 7	1 62	12	2 0
	1-	FOR STATE REGISTRAR		DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH		G. NO.	9 /	0
		CEASED NAME FIRST		WIDDLE		LAST	20 DATE OF DEA		DAY YEAR	26 HOUR
	(TYPE	ORPRINT) BCr	nard	F.	Ro	9 CR	11-24	-82		12:3
	3. SE	(4. RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	HOURS MI
		Male	Whi	ite	Jan			59 YRS.		
45		RTHPLACE (STATE OR FOREIGN COUNTRY) Conn.		WHAT COUNTRY?	MARRIE	ED NEVER MARRIED	9 BALTIMORE CI	ontgomer		
	10.0	TY OR TOWN OF DEATH			WIDOW	OR OTHER INSTITUTION	17a. USUAL OCCU			OF BUSINESS
91	10. 0			CH FACILITY, GIVE STREET	ADDRESS)		TYPE OF WORK FOR M	OST OF WORKING LI	E) INDUSTRY	
00		Rockville	Shad	1 Grove	Ac	eventist HOSP	Cumpute	r Uper.	Gove	rnment
38		AL RESIDENCE (# NURSING HOME TATE Md. 13b. CO ithersburg Mo:	ntgomery	13c. CITY OR TOW Gaither			13. STREET ADDR 505 S. F.		Ave.	#2C
1	14. F.A	THER'S NAME	25 K 1	LAST		15. MOTHER'S MAIDEN NA				
53		David :	Hunter	Roger		Lois	MIDI	ile .	Kimba	
		AS DECEASED EVER IN U.S.		166. SOCIAL SECU	JRITY NO.	17. INFORMANT	2786 A	Pariba (St.	
	(,		GIVE WAR OR DATES)	046-18-	9905	John H. Elic		a. Va. 2		
	=	18. CAUSE OF DEATH (Enter				00,111 111 111	70 .101111		APPROX	ONSET AND DEAT
		PART I, DEATH WAS CAU	ISED BY:	/ 1.	resp	icatory ar	root		S S	Ma STA
		IMMED	IATE CAUSE (0)	Curquo	163A	Maroig al	1631		-	171171
		1627	DUE TO, C	RAS A CONSEOU	ENICE OF	0100			24	11-
		Canditians, if any, which	(p)_	Brond	NO	preamon	a		0.7	rora
		couse (a), stating the	DUE TO, C	R AS A CONSEQU	ENCE OF	111			2	
		underlying cause last.	((c)_	Carcil	10m	a of the	una		dica	45
		PART 2. OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DE ATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION GIV	EN IN PART 1	10
	0	Chronic Ob	structiv	e pulm	onai	y disease				12 1997
10	CERTIFICATION	19a. DATE OF OPERATION	196. CONE	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES	YING CAUSES	
7	TE						YES NO	_	S	NO [
0	CER	210. ACCIDENT WAS UNDERLYING		OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE O	FINJURY IN ITEM 18	PART I OR PART 2)	
U		OR CONTRIBUTING CAUSE OF	DEATH	.M. MONTH D	AY YEAR					
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMI 21d, INJURY OCCURRED		OF INJURY	19	21f. LOCATION		722		
	ME	WHILE NOT WHILE	(AT HOME, S	REET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY	OR TOWN	COUNTY	STATE
		AT WORK AT WORK			No		Ale	12 2d	93	
		220.1 certify that (1) (this ha			(P)		, to	WAT.	1900,	that (I) (we) I
		sow the deceased alive obove (I) we) (did) (did	not) view the bod	y after death.	3 -, 0	and that in (m) (aur) apinian	death accurred on t	he date and hou		
-	_	224 SIGNATURE	511			DEGREE			22c. DATE	SIGNED
		The same	MA	125	- 1	MID ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF TYSICIAN [11-	24-8
1	-	THE PHYSICIAN'S NAME UN	R PRINT)	-		22e. ADDRESS				
		clames 12	moore	Ja n	1	207 Brook	ces Aug	Cons	ther561	um h
-	27- 1	URIAL CREMATION, REMOV				CEMETERY OR CREMATORY	236 LOCATION		PICIOU	19/
		MERY -					CITY OR TO	VN	COUNTY	STATE
		Cremation	11/20	5/182 L	ee's	Crematory	Washin	gton D.	. C.	

DHMH - 16 50M 4/82 (VRA 15, 4)

¹⁴ FUNERAL DISECUR Sandison 316 AFRes Diamond Ave., Gartner Sandison F. H. Gaithersburg, Md. 20877 Washington D. C.

250. DATE REC'D. BY REGISTRAR'S SIGNATURE

NOV 2 9 198?

2 1. 2. Cannel

To wies hoe Garthersburg Mo

Stoom

	4	
	ago	
	9	
	Jeath.	
	Her	
	0	
	haurs after	
	thin 24	
	within	
	patr	
	execute	
	pe	
	0	
	ertifica	
	oth cer	
	de	
	that the	
	law requires that the	
	vires	
	red	
	OW	
	N. The	ician
	Q.	phys
	YSIC	0
	H	ital or attending ph
	S	off
	9	ŏ
	TO HOSPITAL OR ATTENDING	ospita
ì	8	20
7	0	the
	PITA	by 1
	050	eq
	I	taine
	2	et

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If them 21 is marked at them 18 shows any injury, at other traumatic event, the medical

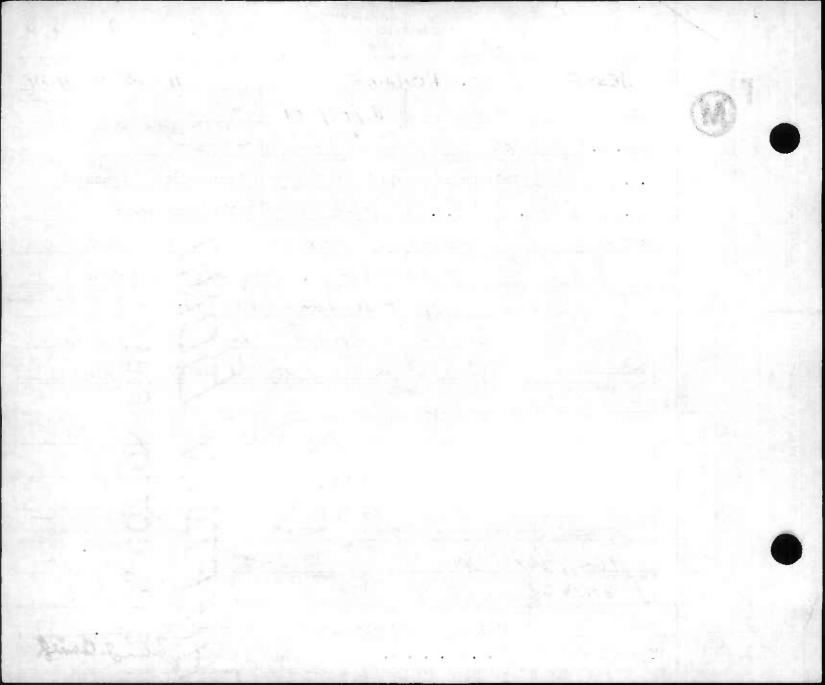
FOR STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

	CEASED NAME	FIRST	٨	MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(177	JESSE	=	7	D. R	OMAIN	VE		11 - 1	15-82	H.28PM
3 SE	х	4	RACE		5. DATE (OF 8IRTH	6 AGE (IN YEARS LAST B	IRTHDAY}	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male		White		MON	108/ OI	81	YRS	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR F	OREIGN 71	CITIZEN OF V	WHAT COUN	TRY? 8	D M NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	A PLESTER
	hila.Pa.		USA		WIDOWI	The Control of the Co	Montgomer	y		MD.
	ITY OR TOWN OF DEA	ATH 1				OR OTHER INSTITUTION	12a. USUAL OCCUPA	ION		OF BUSINESS OR
	S.S.			Cross 1	Hospital	1	Agronomi		Retir	ed :
	AL RESIDENCE (IF NURS	ING HOME OR O		GIVE RESIDENCE		113d. INSIDE CITY LIMITS?	113e STREET ADDRESS			
	Md.	Mont		S.S.	TOWN	YES X NO	12119 Day		ive	
14. FA	ATHER'S NAME		-			15 MOTHER'S MAIDEN NA	ME			
C	lifford	MI	DDLE	Romain		Margaret	WIDDLE		Leech	Τ,
	VAS DECEASED EVER			166 SOCIAL	SECURITY NO.	17 INFORMANT	ADD	RESS		
. !	None None	(IF YES, GIVE Y	WAR OR DATES)	577 4	5 3277	Rose L. Roma	aine(Wife)S	ame as	s above	
	18 CAUSE OF DEATH W	H (Enter only 'AS CAUSED IMMEDIATE	BY:	Con	PLOTO	re heart	tailur	e	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if any, gave rise to imm cause (a), statin	nediote	(b)		ve un	ocerdin in	tactors		20	lars
	underlying couse		(c) _	Tres	Wider	ofic bear	4 a Tread	1	yen	25
NO	PART 2 OTHER SIGN	NIFICANT CO	INDITIONS <u>CO</u>	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GIV	VEN IN PART 10	D
CERTIFICATION	19a DATE OF OPERAT	NOI	19b. CONDI	TION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES ES	
MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME OF HOUR A.A P.A	M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	URY IN ITEM 18	PART 1 OR PART 2)	
MEDI	WHILE NOT WHAT WORK	ILE 🗍	21e PLACE C	OF INJURY EET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	22a I certify that (I) saw the decease above (I) (we) (a	ed alive on T	11.	15	1	TS - 0/9 opinion of that in (my) (over) apinion of	death accurred on the c	lote and hou		that) (we) l ast causes stated
	22b. SIGNATURE	1/10	reg l	w.			MEDICAL STA		22c. DATE	SIGNED . F2
	JASO	N VE	16th.	Mi),	SILVER	SERING.	in d.	2090	5
23a. B	BURIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	Mark
			11/1	8/82	Arlingt	ton Cemetery	Drexe1	HILL	Penn.	1
	INERAL DIRECTOR	di 118	300 N.H	Ave	S.Md.	250 DAT	FREC DEL PEGISTRAF	Tel	TRAFE CO	tuel



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

executed within 24 hours ofter death. Page 4 may be

		DEPARTM	ENT OF HEALT	H AND	MENTAL HY	GIENE	8	REG. NO.	2	9 /	8	9
- firs Ed	lythe the	Joseph	Mose AST		os e	2a. DA	TE OF DE	ATH MON	H 0	82	26. HOU	R A
7	4. RACE White		5. DATE OF BIR MONTH Oct.	15°	1899	6. AGE	(IN YEAR	S LAST BIRTHDAY		FUNDER 1 YEA		24 HRS MIN.
FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWED		MARRIED 5			NTG		-	1	MD
ATH		HOSPITAL, NURSING	DDDESS	HER INST		(TYPE O	F WORK FO	CUPATION R MOST OF WOR Olgis	KING (IFE)	INDUSTR'	OF BUSINE	SSOR
13b COU Mon	or other institution INTY gomery	GIVE RESIDENCE BEFORE 134. CITY OR TOWN Chevy	V 113d	INSIDE C	ITY LIMITS?	154	REET AD	DRESS Ark Ave	Э.			
2	WIDDIE	Rose	15. /	MOTHER'S	S MAIDEN NA	AWE	٨	AIDOLE	W	illia	AST_	
	RMED FORCES?	577-60-4		nforma ary (Connell	y.	429	ADDRESS Shore	nam	Bldg.	Wash	. D.
										P ABDB2	Will A FF IN INC.	

50	USUA	ethesda AL RESIDENCE (IF NUR STATE		TION GIVE RESIDENCE BEFORE ADMISSION	Hospital NI Hospital NI HOSPITAL HANDER	Microbiolg		V.I.H.
50		20815	Montgomer;	Chevy Chase	YES NO	1540 Park	Ave.	
50		THER'S NAME	T.MIDDLE	Rose	15. MOTHER'S MAIDEN NA	WIDDLE	Will	Lams
1		VAS DECEASED EVER (ES. NO OF UNKNOWN)	R IN U.S. ARMED FORCE		Mary Connell	y. 429 Sho	reham Bldg	
			TH (Enter only one couse VAS CAUSED BY: IMMEDIATE CAUSE (o	e per line for (o), (b), and (c).)	ma è		BET	PPROXIMATE INTER
	7	Conditions, if only gove rise to imcause (a), stati	which being the DUETO	O, OR AS A CONSPOUENCE OF	imal of	nlu m	ċ	
		underlying caus	e lost	1				
9	TIFICATION		INIFICANT CONDITION	IS CONTRIBUTING TO DEATH B	utes jeneral	1	DITION GIVEN IN PA	FINDINGS USED
99	CAL CERTIFICATION	PART 2. OTHER SIG	INIFICANT CONDITION ATION 196. CC ATION 216. TIA HOUSE OF DEATH HOUSE	ME OF INJURY R A.M. MONTH DAY YEA	uts unual ion was performed () 21c. HOW INJURY OCCUR	200 ÁUTOPSY? YES NO	20b. IF YES WERE FIN CERTIFYING CA	FINDINGS USED AUSES OF DEAT NO
99	MEDICAL CERTIFICATION	PART 2. OTHER SIG	MIFICANT CONDITION ATION 196. CC ATION 216. TIA HOUR ADERLYING 216. TIA HOUR HOUR HOUR HOUR HOUR HILE 116. PLA (AT HOM	ME OF INJURY R A.M. MONTH DAY YEA	21c. HOW INJURY OCCUR	200 ÁUTOPSY? YES NO	20b. IF YES WERE FIN CERTIFYING CA	FINDINGS USEC AUSES OF DEAT NO
99	_	PART 2. OTHER SIG	MIFICANT CONDITION ATION 196. CC ATION 216. TIA HOUR ADERLYING 216. TIA HOUR HOUR HOUR HOUR HOUR HILE 116. PLA (AT HOM	ME OF INJURY R A.M. MONTH DAY YEA ACE OF INJURY AE, STREET, FACTORY, OFFICE, FARM. ETC.) and they deceased from	21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO CITY OR TO	20b. IF YES WERE FIN CERTIFYING CA	FINDINGS USER AUSES OF DEAT NO [ART 2)
9	_	PART 2. OTHER SIG	INTERIOR ONDITION ATION 196. CO ATION 196. CO ATION 216. TIN HOUSE OF DEATH HOUSE OF DEAT	ME OF INJURY R A.M. MONTH DAY YEA ACE OF INJURY AE, STREET, FACTORY, OFFICE, FARM. ETC.) and they deceased from	216. HOW INJURY OCCUR 216. LOCATION STREET 216. LOCATION STREET AR 217. LOCATION STREET ATTENDING	200 AUTOPSY? YES NO CITY OR TO death occurred on the di	20b. IF YES WERE FIN CERTIFYING CA YES PRY IN ITEM 18 PART 1 OR PA OWN COUNTY TO THE OWN COUNTY TO TH	FINDINGS USED AUSES OF DEAT NO [ART 2)

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

FOR - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

Female

3. SEX

NOV 12 1982 John & Canul

· III

nong to any media compa

cap entire strain

X

fair foldower: Intimpol and word weekers about the

ser-wides Engy her olly, 420 Singulum like, high D.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

12:12a

STATE

Maryland

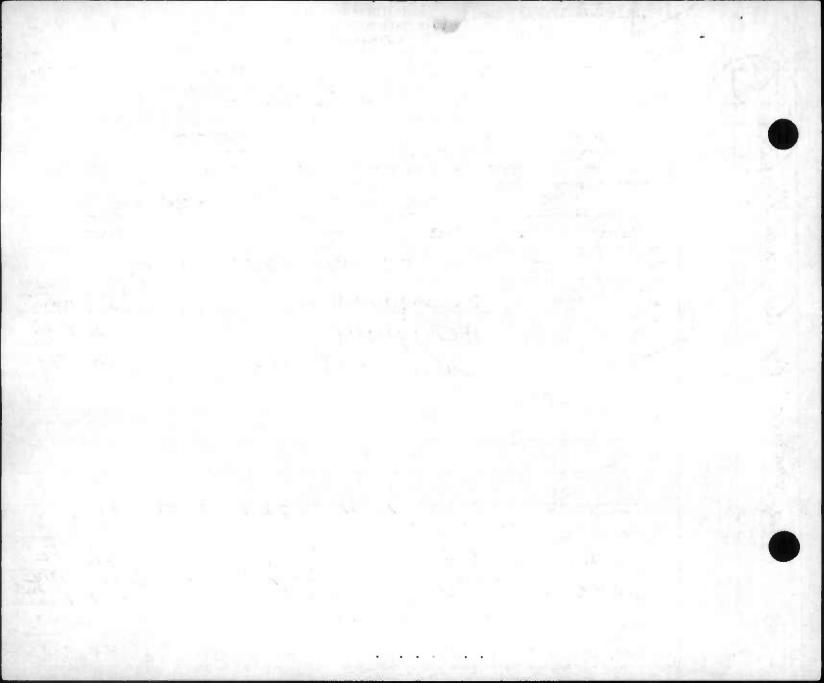
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

#5, FilmG574 12/7/82 kam

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

Hines/Rinaldi 11800 N.H.Ave.S.S.Md.



by the ottendi

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 9

1	REGISTRAR				CERTIFI	CATE OF DEATH	REG.	NO.		
	ECEASED NAME	FIRST		MIDDLE	LA	TST TST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
(TYP	PE OR PRINT)	WALTE	R	J.	ROYI	ER	November	27,	1982	11:25pm
3 S	EX	4_ F	RACE		5 DATE OF		6 AGE (IN YEARS LAST		IF UNDER 1 YEAR	
1	Male		Cauc	asian	Marc	h 26, 1903	79	YRS	MONTHS DAYS	HOURS MIN
	BIRTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	7 11 40		
	Oklahoma		U.	S.A.	WIDOWED	77	Montgome	ery		MD.
	ITY OR TOWN OF DE	ATH 11.	NAME OF			R OTHER INSTITUTION	120 USUAL OCCUPA			OF BUSINESS OR
	Olney	7 N				1 Hospital	Supt. Of			Post Off.
USL 13n	JAL RESIDENCE (IF NUI				ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRES	c		1 -2 -12 - 12
	Maryland	Montgo	omery	Silver S		YES NO	512 Orch		У	
14 F	ATHER'S NAME	MIDD	NE	LAST		15. MOTHER'S MAIDEN NA	AME MIDDLE			SI
)	John		enry	Royer		Blanche	E.		K1o	
	WAS DECEASED EVE	R IN U.S. ARMEI		166 SOCIAL SECU	RITY NO.	17 INFORMANT (Wife	e) ADI	DRESS 51	2 Orcha	rd Way
	Yes	W.W.		213-38-4	087	Doris L. Roy	yer S	ilver	Spring,	Md.
	18 CAUSE OF DEA			b, one	dico	10.01	0,00	0-	BETWEEN	XIMATE INTERVAL LONSET AND DEATH
2	PART I. DEATH	IMMEDIATE C	- 4	ALLD/0	HE:	SPICATO	RYTKI	265	12	EM
	1627		DUE TO, O	R AS A CONSEQUE	INCE OF					
7	Conditions, if on		(b)_	0						3000000
1	gove rise to im	ing the	DUETO O	A PHONE	MARIA	A LUI	119-		51	MALTER
	underlying cous	e lost.	10	MACH	107	K FOI	4		2/	1001112
Z	PART 2 OTHER SIG	NIECANT CO	DITIONS CO	ONTRIBUTING TO E	DEATH BUT N	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	ONDITION G	IVEN IN PART 1	(0)
5	19a DATE OF OPER	ATION!	TIPL COND	ITION FOR WHICH	OBERATION	WAS PERFORMED	20g AUTOPSY?	Table 15 V	ES, WERE FIND	INICE LIEFO
CERTIFICATION	196 DATE OF OPER	ATION	148 COND	IIION FOR WHICH	OPERATION	WAS PERFORMED		IN CERT	TIFYING CAUSE	S OF DEATH?
HE	21g. ACCIDENT WAS UP	NDERLYING [7]	216. TIME C	DE INJURY		21c. HOW INJURY OCCUR	YES NO		YES DEPART 21	NO []
	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.	M. MONTH DA	**		(content of the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
MEDICAL	(IF EITHER, NOTIFY MEDI		P. 21e PLACE	M. OF INJURY	19	211. LOCATION	m to the	15,2771		1
ME		WHILE		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR	7	COUNTY	STATE
	-	his hospital)	offeed to	e Account from	- 7	97210	10 // /	27	1087	those I we lost
1		did did not y	11/19/2	/	and, one	d that in (my) (our) opinion	death occurred on the	dote and he	our and from the	course stated
11	77h SIGN CTURE	raid Idia not v	The body	agrey death.	D	DEGREE			771. DAF	SIGNED
4	Non	da k	- 0	ed -	M	ATTENDING PHYSICIAN		SICIAN [11/2	0/02
	22d. PHYSICIAN'S N	AME (TYPE OR PRI	NT) ,	-		22e ADDRESS	Tarif III	JIC IAIT _	11 fee	7
	DIE	?. LE	W/15	MI		OLNO	E9, 70	٧,	208	32
230	BURIAL, CREMATION	, REMOVAL	36 DATE	23c. N	NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	Buria	1	Dec. 1	, 82 I	Parkla	wn Cemetery	Rockvi		Mont.	Md.
24 F	FUNERAL DIRECTOR NAME Hines	/Rinald	i	ADDRESS 11	800 N	.H. Ave. 250 DA	0 4 - 1000	AR 256 REGI	STRAR'S SIGNA	TURE
		ral Home		Silve	r Spr	ing, MD.	6 1 - 1902	100	mille	anuly

DHMH - 16 60M 1/75 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR:

TO HOSPITAL OR ATTENDING PHYSICIAN The low

etoined by the hospital or attending physician

should be detached for use os the burnol stranst per with the State Dept. of Health and Mend Liftygan. IMPORTANT: If them 21 is marked or them 18 shows

TOTAL SHOW THE TANK

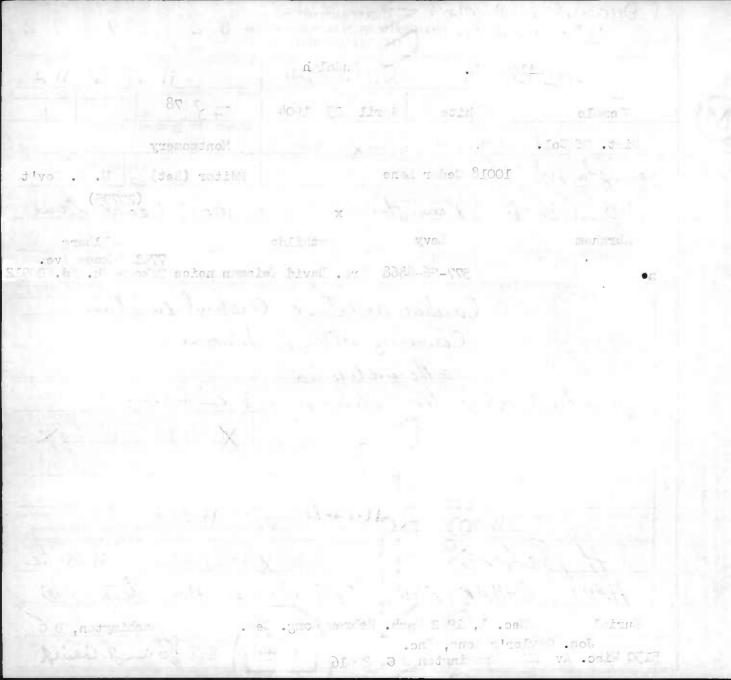
_	
0	
AARYLAND 2120	
2	
0	
Ī	
₹	
2	
~	
4	
≨	
ALTIMORE, M	
oz.	
0	
Σ	
Ξ	
-	
8	
-	
E.	
2	
ž	
0	
S	
RESI	
6	
101 W. PRESTON ST., B	
5	
=	
20	
35	
2	
0	
U	
2	
Ξ.	
4	
Ξ	
>	
N OF VITAL RECORDS	
2	
Ž	
$\overline{\circ}$	
/ISIOP	
>	
ā	
_	-
4	

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and compileral filled in by the fune should be detached for use as the busial-transit permit. Then please remove carbonpopers. Pages I and 2 should be filled with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

	1-	011111			ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	2 9	1	9 2
		CEASED NAME FIRST	ilda L	DIE	Ru	Budo Lph H	REG. NO 20. DATE OF DEATH		YEAR 21	b. HOUR
1	3. SE	Female	4. RACE	iite	5. DATE O		AGE (IN YEARS LAST BIR	(HDAY) IF UNDER MONTHS.	_	FUNDER 24 HRS
47		RTHPLACE (STATE OR FOREIGN COUNTRY) Dist. Of Col.	76. CITIZEN OF WE	S.A	8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O Montgom		ATH	MD.
00		Kensing to Mo.	11. NAME OF HO	SPITAL, NURSIN	G HOME C (DDRESS) ane	R OTHER INSTITUTION	TYPE OF WORK FOR MOST OF Editor (R		USTRY	Gov't
83	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	OTHER INSTITUTION, GIVE	LE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS? YES 😿 NO 🗌	13e. STREET ADDRESS	(2070 Cedni	15) /	ane
50	14. FA	Ather's Name Abraham	MIDDLE	Levy		15. MOTHER'S MAIDEN NA/ Mathilda	MIDDLE		Llber	g
m#dico	- (NAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV		577-56-6		17. INFORMANT Mrs. David We			coma Pk. M	
injury, ar ather traumatic event, t	ION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART OTHER SIGNE LANT OF LANT OTHER SIGNE LANT O	DUE TO, OR A	AS A CONSEQUE	NCE OF	artery lucion NOT RELATED TO THE TERM UNICAN	? embo	DITION GIVEN IN F	PART 1(0)	VE INTERVAL SET AND DEATH
lows on	CERTIFICATION	190. DATE OF OPERATION			OPERATIO:	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING O YES	AUSES O	
ed or Hem 18 s	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR COMPRIBUTING CAUSE OF DEA (#EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK	P.M. 21e. PLACE OF	MONTH DA	Y YEAR 19	211. LOCATION STREET	CITY OR TO		PART 2)	STATE
n 21 is mork		22a.1 certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did na	11-2	7- 19		d that in (my) (aur) apinion	death occurred on the di		om the co	
=====================================		22b. SIGNATUR	cho			ATTENDING PHYSICIAN	MEDICAL STA	F	11-28	8-82
MPORTA!		HAD I	BAHAI	e M.		8218 Wise	insin An	. Beti	2.	MD.
		BURIAL, CREMATION, REMOVAL (SPEC Burial		1982 Wa	sh. H	ebrew Cong. C		Washing		
/82	24 F	uneral directofos. Ga 5130° Wisc. Av		ons, Inclination		20016 250 DAT	C 6 1982	John J	Can	ulf

BP_____ DHMH - 16 50M 4/82 (VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR LTYPE OR PRINTS ARIP 80 SEX 4 RACE IF UNDER I YEAR 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER 24 HRS 1894 EAR Female White April 88 TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia WIDOWED DIVORCED CHY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Housewife In Own Home LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 1136 COUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Montgomery Brookeville 3012 Vandever St. Maryland NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME David Larkin Miller LAST AAIDDLE Mary Alice Day 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Mrs. Beatric Lapp, Brookeville, Md. Daughter no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: D mis IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE O underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 CERTIFICATION 0 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NO YES [NO Mentol Hygi 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED ö 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from, sow the deceased alive on above, (1) (w) (did) (did not) view the body after death. and that in (my) (and) apinion death occurred on the date and hour and from the causes stated 40 22b. SIGNATURE DEGREE 4 ATTENDING MEDICAL STAFF ld be deta the State [MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS NDERSON) 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY

CITY OF TOWN

Near Paw Paw

Island Hill Cemetery

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

Burial

24 FUNERAL DIRECTOR

11-11-1982

NAME James F. Scarpelli, Cumberland, Md.

section of the sectio

Value Real and the state of the

escol red al ofference let a l

. to movement 3:00 x allivology verson the land to

gul-yil-yil gate and leasteic lage, accoraville, d. lauchten

Animals Ti-II-II- 1986 anima dil nemetany dia 1881-11-II International distributions of the second distribution of the second dis

dames 2, compalli, dunberland, [d. ___

	1. DE	CEASED NAME FIRST		MIDDLE	- L	AST	20. DATE OF DEATH MON	TH DAY YEAR	2b HOUR
by be oge 3 death	{TYPI	E ORPRINT) ARTHU	R	A.	Ruj	pperT	4	78 82	3:28
ge 4 moy ector, pog rs ofter d	3. SE	× m	4. RACE	た	5. DATE O		6. AGE (IN YEARS LAST BIRTHDA'	MONTHS DAYS	IF UNDER 24 HI HOURS MI
rol dire.		IRTHPLACE (STATE OR FOREIGN COUNTRY) ashington, D.C.		WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR CO Montgomery		
5 (M) 64	1.00	luen SPEING	(IF NOT IN SUC	HOSPITAL, NURSIN	ADDRESS)	of Silver Spiring	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	RKING LIFE) INDUSTRY	F BUSINESS (
AND 212	130.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUR MONT	NTY	GIVE RESIDENCE BEFORE 131. CITY OR TOWN 5. LUCK Sp.	N	136. INSIDE CITY LIMITS? YES MO [130. STREET ADDRESS	vele Rd	2091
MARYL sed within ond 2 st	(14. F)	John	MIDDLE H.	Ruppert	:	Barbara	L.	Koch LAS	T
IMORE,		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? VE WAR OR DATES)	166. SOCIAL SECU 498-09-		WI fe	Same Ad	dfens	
that the deoth certificate by the ottending physici lease remove corban poperiol, cremotion, or removal or other traumatic event, the		Conditions, if ony, which gove rise to immediate couse (D), stating the underlying cause last.	DUE TO, O	Mesenter RAS A CONSEQUE POTENCO TO RAS A CONSEQUE	nce of lesstu		Mesenterie A.	A, 5	year
he low requires ion. The per signe in person in hos been signe in person. Then piece prior to burnows ony injury, o	RTIFICATION	PART 2 OTHER SIGNIFICANT OF PURPOSE OF OPERATION	прадом	4, conges	Five !		Chronic obstantions 200 AUTOPSY? 20		Mos USED
ON OF VITA TYSICIAN: T ding physici sis certificate buriol-transi Mental Hyg r flem 18 sh	EDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	ATH HOUR A.		AY YEAR	211. LOCATION	RED (ENTER NATURE OF INJURY IN		
DIVISK ENDING PH tol or attent OR. After thi r use os the I Health and I	ME	WHILE NOT WHILE 220.1 certify that (I) (this hasp sow the deceased alive or	(AT HOME, ST	REET, FACTORY, OFFICE, F	87:	, , ,	deoth occurred on the dote)	, 19 , , , , , , , , , , , , , , , , , ,	
AL OR ATT the hospin AL DIRECTO etoched for te Dept. of		obove,(Thwe) (did) (and no 22% SIGNATURE	view the body	Alleen		DEGREE	MEDICAL STAFF	22c. DATE	

FOR

REGISTRAR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

800

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

Should be deta with the State [MPORTANT:

> Cremation
> 24 FUNERAL DIRECTOR Metropolitan Funeral Service, Alexandria, Va.

11-29-82

SHERER

23b. DATE

23a. BURIAL, CREMATION, REMOVAL

Metropolitan Crematory Alexandria Virginia 250. DATE REC'D. BY REGISTR

REG. NO

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS HOURS

20910

ducare

19 4 L , that (i) (we) lost

DEC 2 1982

23d. LOCATION

The state of the s And the state of t

X	5/	
	m.s.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer completed and the formal propers. Pages 1 and 2 should be filled within it will death with the State Deat, of Heelth and Mental Hyatene princip beaution, or removal.	

		FOR	DEDADTA		OF MARYLAND EALTH AND MENTAL HYG	IEME 8 9 9	9 7 1	9 5
	1-	STATE REGISTRAR	DEFARIN		ICATE OF DEATH	REG. NO.		
,	(TYPE	CEASED NAME FIRST LOTTOIN		Ryc	ln	11-18-82	19	100R
	3. SE	female	white	S. DATE C	DAY YEAR	75 YRS.	ONTHS DAYS HOU	NDER 24 HRS
17	7e. BI	COUNWASH. D.C.	76. CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Montgomery	OF DEATH	MD.
83	Œ	ithersburg XXXXXXXX	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH EACHLITY, GIVE STREET)	Adve	or other institution	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOME MAKE	12b. KIND OF BUS	SINESS OR
3	130. S M	d. 13b. Cour	ROTHER INSTITUTION LIVE RESIDENCE BEFORE INTY 131. CITY OR TOWN	N		259 Congress	onal La	ne
51	14. F.A	Charles	Gottenkieny		Alice	MIDDLE	Burke	118
medicol		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? IVE WAR OR DATES) Unk.		17 INFORMANT Mrs. Joan L	awrence 12006		Way
otic event, the		PART I. DE ATH WAS CAUSE	only one cause per line for (11), the cause ED BY: STE CAUSE (0). DUE TO, OR AS ACONSEQUE	Sh	ocK		APPROXIMATE I BETWEEN OMSET	MYERVAL AND DEATH
r other traum		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	nite	5		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	45
ony injury, o	CERTIFICATION	PART 2. OTHER SIGNIFICANT	conditions contributing to E Nic Kena Failu 196. CONDITION FOR WHICH	re		200 AUTOPSY? 20b. IF YES	, WERE FINDINGS U	
em 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR		S □ NO	o X □
ked or he	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.		21f, LOCATION STREET	CITY OR TOWN	COUNTY	STATE
21 із тог		220 I certify the (1) (this hosp	oitol) attended the deceased from 19 8		nd that in my (our) opinion of	to Voletiliza 8, death occurred on the date and hour	ond from the couse	(I) (we) lost
E He He	<	226. SIGNATURE EU	Thouls.	M.		DIRECTOR PHYSICIAN	NOV. 19	1. 1982
MPORTAL		Tames E. W	ISON, JR.	6 18	11125 Rockvill	e Pike, Rockville	. Wd. 2	0852
≤		BURIAL, CREMATION, REMOVAL BURIAL	Nov. 22, 1982		emetery or examplery x	Suitland, I	Id.	STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

4748 Wis Wisc. Ave.N.W. Wash. D.C. 20016

NOV 23 1982

End 1007 E. 1007 E. 2000 105 versing areas and a second sec anni famile va e C e filivian) and Caro, of the solital vocanisate de Lance Tell Torn Sevendence 17 to 185 All alignments the second is the country of the cou The state of the s

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

and campletely filled in by TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and car should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT. If Hem 21 is marked at Hem 18 shows any injury, at other fraumatic event, the medical

STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

,	2	2	9	1	9	6

REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
I. DECEASED NAME FIRST	A	AIDDLE	i i	AST	20. DATE OF DEATH		YEAR	26. HOUR
MARIO	LEW	JTS SA	ALVAN	ELLT	NOVEMBER 1	7. 1982		11:53 M
3. SEX	4 RACE	120	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF U	JNDER I YEAR	IF UNDER 24 HRS
MALE	WHIT	TE	SEPT	. 3, 1926 YEAR	56	YRS.	THS DAYS	HOURS MIN.
. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D & NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	DEATH	7
Vashinaton D.C.	IISA		WIDOWE		MONTGOME	RY COUN	ITY.	MD
CITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126. KIND C	OF BUSINESS OR
BETHESDA		HEACILITY, GIVE STREET A		п)	(TYPE OF WORK FOR MOST O			+ N T 1
SUAL RESIDENCE (IF NURSING HOME				n)	Chief Phys	ical III	erapi	St N. 1.1
13a STATE 13b. CC		POTOMAC		138. INSIDE CITY LIMITS?	13e. STREET ADDRESS 11713 SMOK	E TREE	ROAD	20854
1. FATHER'S NAME				15 MOTHER'S MAIDEN NA				
Domenic	MIDDLE	Evanelli		Jennie.	WIDDLE	A/	forisi	51
60 WAS DECEASED EVER IN U.S.		166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRI		E AS A	
	GIVE WAR OR DATES)	578-28-33	303	MRS. BEATRIC	E SALVANETT			
				TIMO. BEATRIO	L OALVANDE	7 (4711		IMATE INTERVAL ONSET AND DEATH
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAL	JSED BY: D.	1 monorate	ombol	us in left an	d right pul	monary		
IMMED	NATE CAUSE (0)	IIIIOnary	CHIDOI	db In Icic an	arte	ries	2 da	ys
2398	DUE TO, OF	R AS A CONSEQUE	NCE OF	n	1. 1 1 1	a arritz	2 ye	arc
Conditions, if ony, which		assive re	sidua	1 tumor in th	e abdominal	. cavity	2 ye	ar s
gave rise to immediate couse (a), stating the	S DUE TO OF	R AS A CONSEQUE	NCE OF					
underlying couse last.	((c) I1	nfarction	of 1	eft lower lob	e of lung			
PART 2. OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	a ·
Z								
TO DATE OF OPERATION 10/25/82 21a. ACCIDENT WAS UNDERLYING	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W		
₹ 10/25/82	Bowel	obstruct	ion s	secondary to	YES X NOT	YES 5		OF DEATH?
210. ACCIDENT WAS UNDERLYING	216. TIME O	FINJURY		21c HOW INJURY OCCURE			C.E.	- []
OR COMPRESSION CAMER OF	DEATH	M. MONTH DA						
(IF EITHER, NOTIFY MEDICAL EXAM	21e, PLACE		19	21f LOCATION				
WHILE NOT WHILE		REET, FACTORY, OFFICE, FA	RM, ETC I	STREET	CITY OR TO	wn	COUNTY	STATE
AT WORK			OOM		Now.		- 03	
220.1 certify that X. (this ha			OCT.	13, 19 82	, 10	. 19.		that X (we) las
sow the deceased alive above, XI) (we) (did) (did)	NOV	after death.	0Z, al	nd that in (n) (our) opinion	death occurred on the d	ate and hour ar	nd fram the	causes stated
THE SIGNATURE	000	4.0		DEGREE		100	22c. DATE	SIGNED
Henry H	mad 1	ng)		MD ATTENDING PHYSICIAN [MEDICAL STA		11/1	18/82
224 PHYSICIAN ANALE III	PE OR PROVIS			22e ADDRESS			- /	
HARVEY	DEUT	SCH 1	MD		TITUTES OF		2020	15
ITAISVUT		- /	1 1	CLINICAL CEN		DA, MD	2020	13
(SPECIFY) REMOV				CEMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
Runial	Nov 25	2 1982 Ga	to oh	Hoaven Comot	OAU SILVON	Spring	Mon	it. Md.

DHMH - 16 50M 4/82

(VRA 15, 4)

BP

etained by the haspital ar attending physicia

24 FUNERAL DIRECTOR Francis J. Collins, DDRESS 500 University Boulevard, W. Silver Spring

250. DATE REC'D. BY REGISTRAR 25 PREGISTRAR'S SIGNATURE

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumotic event, the medical examiner must be positied TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fishauld be detached for use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 -	FOR STATE REGISTRAR			HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 3 2	2 9	1 7 1
1		CEASED NAME FIRST	WIDDLE		LAST		MONTH DAY	YEAR 25 HOUR
5	(TYPE	Ear Ear		Som	20		11 4	82 1:45 AM
-	SE)		RACE	S DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	
	JE	Mala	Lidlal .	MONT	H DAY YEAR	Q	MONTHS	DAYS HOURS MIN
	n Bli	RTHPLACE ESTATE OR FOREIGN 71	6 CITIZEN OF WHAT CO	UNITRY? 8	6 00	9 BALTIMORE CITY O	P COUNTY OF DE	HTA
10	C	COUNTRY)	CITIZEN OF WITAT CO	MARRIE	D WEVER MARRIED	Mart	COOKIT OF DE	
9	Ray	ven Va. TY OR TOWN OF DEATH	USA NAME OF HOSPITAL	WIDOW	ED DIVORCED DIVORCED	12ª USUAL OCCUPATION	gome	MD.
G	0	1	AF NOT IN SUCH FACILITY		- ,·) U	(TYPE OF WORK FOR MOST O	F WORKING LIFE) IND	KIND OF BUSINESS OR USTRY
0	2	1 Wer Spany	HOLY C	ross th	aspital	Painter	\$e]	Lf Employed
1	USU A 130 S	AL RESIDENCE (IF NURSING HOME SEC TATE 136 COUNT	TY 13c. CITY	OR TOWN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		
5	Ma	aryland Mont	The state of the s		YES [] NO []	12601 Layh	ill Road	20906
1		THER'S NAME		ver Sprin	HS MOTHER'S MAIDEN N.	AME		17:
0		The state of the s	MIDDLE	LAST	FIRST Mala 7	WIDDLE		EAST
	6n V	James VAS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOC	Sample IAL SECURITY NO.	Mable 17 INFORMANT	ADDRE	SS	Wyatt
		(ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)					
-		Yes WW	1 235-	03-0753	Elizabeth E.	Sample-wife	-(same as	13e
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		i), (b), and (c).)	1 + 1	-	88	APPROXIMATE INTERVAL
	M	IMMEDIATE	1	ram YI	egalire)	epticema	2 6	day
		1889	DUE TO, OR AS A CO	NSEQUENCE OF	0_ /	/ / _	4	/
		Conditions, if ony, which	1 1/1/2	endry	I rock.	insecto	on 10	Irlay
		gove rise to immediate couse (a), stating the	DUE TO OR AND CO	11	24	16 11		
		underlying couse lost.	100000	onsequence of	a of B	tarter	. 4	hrs.
	90	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT BELLEVED TO THE TED	MINAL DISEASE OR CONI	DITION CIVENINI	ADT 1:-
	Z	Planeria A	leti-1	- New		users ?	DILION GIVEN IN F	ART ITO
	CERTIFICATION	19a DATÉ OF OPERATION	IM CONDITION FOR		IN WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE	FINDINGS LISED
91	FIC	THE DATE OF CITATION	1	AND RELIGIONS OF	W. W. C. L. W. L. W. C. L. W. C. L. W. C. L. W.			AUSES OF DEATH?
4	RT					YES NO	YES 🗌	NO 🗌
00		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MOI	NTH DAY YEAR	216. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I OR F	PART 2)
/1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				
1	ED	21d INJURY OCCURRED	21e PLACE OF INJUR		21f LOCATION	CITY OR TO	wn cou	INTY STATE
	Σ	AT WORK NOT WHILE	(AT HOME SIREET FACTOR	Y OFFICE, FARM ETC)	SINCE	CITORIO	1.	STAIL
		22a. I certify that (I) (this haspita	ol) ottended the decease	d from	and 1082	-10 ///	1 108	that (I) (we) last
		saw the deceased alive an_	11/4	19 62	nd wat in (my) (our) opinion	n death occurred on the do	ite and hour and fro	
		obove, (I) (we) (did) (did not)	view the body after dea	th.	DEGREE			DATE SIGNED
		10-17	7	-/	ATTENDING	L MEDICAL _ STAF	100	luka
-		17710		1	PHYSICIAN	DIRECTOR PHYSIC	IAN .	1418 2
		221 1 1 STCIAN'S NAME (TYPE OF	KKIN()	1	276 ADDRESS	/ . D .	11	
-		1.1. P-	enACK	010	14115 (01.	IC UR. W	hea lor	1, Md.
1	3a. B	URIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	healor	n, Md.
1	3a. B	URIAL, CREMATION, REMOVAL SPECIFY Burial				23d LOCATION CITY OR TOWN	hea lor	y STATE Virginia

11800 N.H. Ave.,

20904

STATE OF MARYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

Hines/Rinaldi Funeral Home

BP.

etained by the haspital or attending physician

Linvan, Va. - UpA Magyland Montgamery Stlver Spring 2 12001 Leyell Lood 209062

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page

should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours ofter with the State Depts of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

. 3	2	9	1	9	R
2	lim	,	-		-
050 110					

11	REGISTRAR				CERTIF	ICATE OF DEATH	R	EG. NO.			
	CEASED NAME E OR PRINT)	EUGENE	A	MIDDLE	SCHE	ast RL	20. DATE OF DEA	MBER 23,	1982	10:15AM	
3. SE:	× ALE	4. R			5. DATE C	27, DAY 1918	6. AGE (IN YEARS		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN,	
	IRTHPLACE (STATE OF	FOREIGN 7b.	7b. CITIZEN OF WHAT COUNTRY? 8 MAY WID			NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY COUNTY			MD.	
	ITY OR TOWN OF DE		(IF NOT IN SUC	HOSPITAL, NURSING HOME OR OTHER INSTITUTION CHEACILITY, GIVE STREET ADDRESS) PAKVIEW DRIVE			120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) SALES MANAGER CARPETS				
13a. S	AL RESIDENCE (IF NUF STATE ARY LAND	136 COUNTY	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSING STLVER SPRI				130. STREET ADDRESS 1506 OAKVIEW DRIVE				
	OUIS	WIDD	SCHERL			PAULTNE		DDLE (GOTTESM	IAN	
16a. V	WAS DECEASED EVEL (S. NO OR UNKNOWN)	R IN U.S. ARMED		056-09-4		HARRIET E.	SCHERL,	AD1506 OAK SILVER S	CVIEW D SPRING.	RIVE MARYLAN	
CERTIFICATION	PART 2. OTHER SIG	e lost.	(c) IDITIONS <u>CC</u>		EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	? 20b. IF YES,	WERE FINDING CAUSES	NGS USED	
MEDICAL CERTIF	21a. ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER, NOTIFY MED	CAUSE OF DEATH	21b. TIME O HOUR A.I P.I	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR		YES YES		NO [
ME	while NOT WAT WORK 22a.1 certify that	ORK (this hospital)	(AT HOME, STR	e deceosed from	Man	STREET	10 No.	y ORTOWN		that (I) (we) lost	
	obove.(1) we) 22b. SIGNATURE 22d. PHYSICIAN'S N	sed olive on (did) (did not) via	le (after death.		DEGREE ATTENDING	MEDICAL DIRECTOR F	STAFF	22c. DATE		
		LIOT ALI		M. D.		916 19th STF	REET, N.	W., WASH	INGTON,	, D. C.	
	BURIAL, CREMATION		36. DATE 11/26/	1982 MOU	AME OF C	EMETERY OR CREMATORY BANON CEMETER	23d. LOCATIO	PHI, PRIN	CEUNGEOF	RGES, STATMD.	

BP

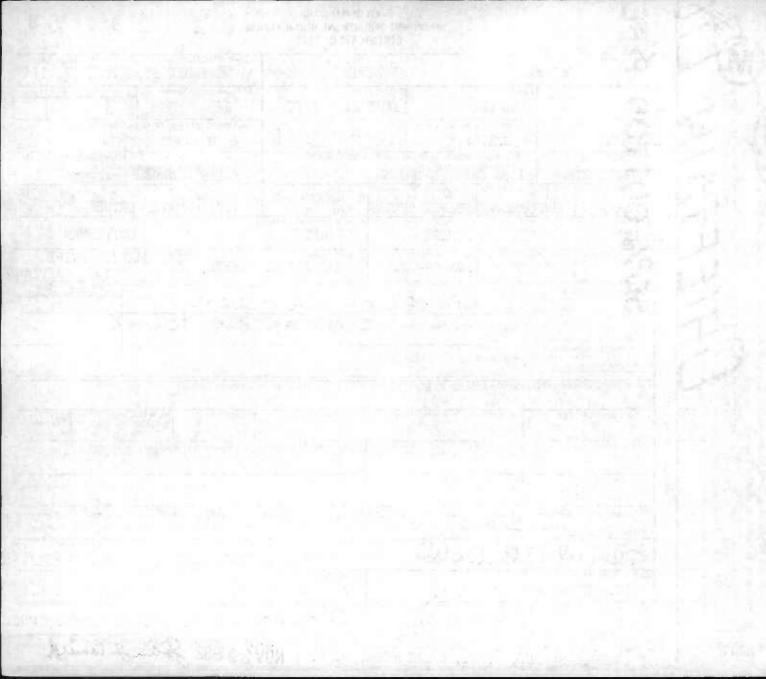
retained by the haspital or attending physician

DHMH-16 30M 2/80 (VRA 15, 4)

DONAL BEN'S STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

IMOUNT LEBANON CEMETERY

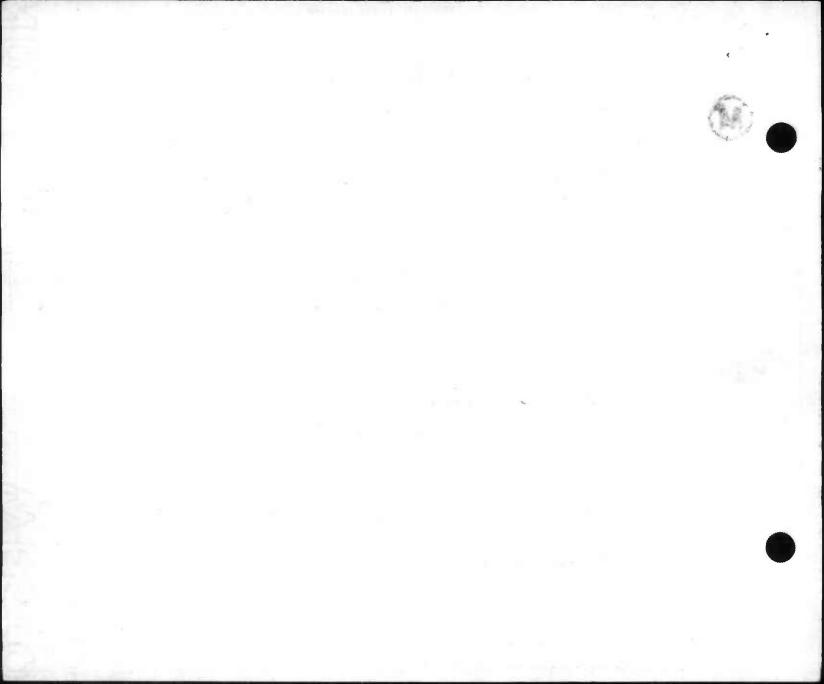
NOV 2 9 1982



DEC 1 - 1882 Jam 2. Carist

	4 тоу be	,	poge 1	o r death	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OF ATTENDING PHYSICIAN, The law requires that the death certificate be executed within 24 hours after death. Page 4 may be	retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral page 1	ached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 shauld be filed within 2	with the Case Dank of Health Manton House to burso premotion or semonal
	TO HOSPITA	retained by	TO FUNERA	should be de	with the Stor

	-	1		FOR			DEPART		E OF MARYLAND EALTH AND MENTAL HYG	IENE 8 2	2	9 8	0 0
	1		1 -	STATE REGISTRAR					ICATE OF DEATH	REG	NO.		
	1			EASED NAME	FIRST	Migor	وغماسا	ZABETH	AST	20 DATE OF DEATH			26. HOUR O
0 00	deat					ELMIN	JA X	XX S	Chore	1 125		3-82	3 A M
1			3. SE>	FEMAL	E	RACE	HITE	5 DATE C	- 80 - 90°)	6 AGE (IN YEARS LAST	YRS MOR	NTHS DAYS	IF UNDER 24 HRS HOURS MIN
	2 6	75	7e. Bil	RTHPLACE ISTATEORF		CITIZEN OF WHA	_	MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O) MD
by the fu	filed within	68	Si	ver Spr		I NAME OF HOS		NG HOME O	OSPITAL	120 USUAL OCCUP. (TYPE OF WORK FOR MOS	T OF WORKING LIFE)	126. KIND OF INDUSTRY	BUSINESS OR
filled in	nould be	35	USUA 13a S	TATE MA	136 COUNTY	113c.	RESIDENCE BEFOR	NT I	136. INSIDE CITY LIMITS?	13e. STREET ADDRES		rood I	20814) YIVE
letely	d 2 st	/	14 FA	THER'S NAME	MID	DDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAST	
Co and	lond		16- 16	PETER AS DECEASED EVER	INI CLE A DAAL	D CORCECO TUE	SNYDET		MARY 17 INFORMANT	ADI		VURR	0.000
o d	Poges	7	(Y	ES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)				SUN	2.6		D DRIVE,
e De	the r	V		NO	M (Seter cells		167-50-		JAMES L. SC	HUKK LI	VITTOWN,		ATE INTERVAL
phys	move went,			PART I DEATH W	AS CAUSED	BY			rocci				CORR
ding	orbo or re			5.75	O	DUE TO, OR AS	A CONSEQUI	ENCE OF					
offen	tion,			Canditians, if any		(b)							
by the	ose remo Il, cremo	other tr		gave rise to im- cause (a), statir underlying cause	ng the	DUE TO, OR AS	a CONSEQU	ENCE OF					
gned	buric buric iry, o		-	PART 2 OTHER SIGN	VIFICANT CO	NDITIONS CONT	RIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION GIVEN	IN PART Ito	
red s	t The		Į.	Occub	e 91	agres	cour	_ cu	OCCUPALIE N WAS PERFORMED	ex.	Total IS MES. M	IFRE SHIP HILL	
	ne pr ws or	7	CERTIFICATION	10/13/	P 2	O	to do	2000	leter	20a AUTOPSY?	IN CERTIFYIN	VERE FINDING	OF DEATH?
/sicio	Hygie 18 sho		CERT	210. ACCIDENT WAS UNI	DERLYING	21b. TIME OF IN		ree	21c HOW INJURY OCCUR	YES NO			NO 🗌
phy ertific	tental h	4		OR CONTRIBUTING		HOUR A.M.	MONTH D	AY YEAR					
ording or this o	d Me		MEDICAL	214. INJURY OCCUR	RED	21e. PLACE OF II		FARM FIC.)	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
ter off	os th		2	AT WOM AT WO	No.			, , , , ,					
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Hep Is			17s I certify that I	(this hospital	dittended the de	ceased fram	F2 6	0/12 19 82	, to	19	<u>6</u> , th	at ((we) last
espit	of for		- 7	obove, (I (we) (c	did rdid not	new the body ofte	r death.		d that in (mg) (aur) apinian	death occurred on the	date and haur a	22c. DATES	
y the h	detache ate Dep at: If he			Ball	Cour	baux	M	D.	ATTENDING	MEDICAL S	TAFF SICIAN 🗌	11/3	182
ned by	should be det with the State	J		22d. PHYSICIAN'S N					220 ADDRESS 3720	FARRI	AGOT A	WE.	
eto o	should be with the	-	22- 0			ISAOM	100	14.45.05.0		SMGTO	y, as.	2001	
BP			230 B	URIAL, CREMATION, PECIFY) DIDT & I	KEWOVAL	23b. DATE 11/2/0			EMETERY OR CREMATORY	234 LOCATION CITY OF TOWN		GHENY	PA.
	1.17.00:		24 FU	BURIAL NERAL DIRECTOR	EDANCI	11/6/8 S J. COL		1. 703	EPH'S CEMETER	E REC'D. BY REGISTR			
(VRA 1	1-16 20N 5, 4) 7/	70	500	HNTU BLUT				D. 209	101 NUV	8 1982	John	So Cas	ui R
											4		



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft TO HOSPITAL OF ATTENDING PHYSICIAN retained by the hospital or attending physician.

Page 4 may be

1	FOR		TE OF MARYLAND HEALTH AND MENTAL HYG	IENE 8 2	29801
2	- STATE REGISTRAR	CERTI	FICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRS	Gertrude Marie	ust Schulz	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ath ath	SCH	ULZ. GERTR	UDE, MAR	E 11/ 23/8	2 4:15 H
	3. SEX	4 RACE S DATE	OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	# UNDER 1 YEAR IF UNDER 24 HRS
M	-emale	CAUC: 11	3 01	81 YRS	
57	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	ED NEVER MARRIED	BALTIMORE CITY OR COUN	
	10, CITY OR TOWN OF DEATH	Germany widow		Montgomery 120 USUAL OCCUPATION	IZE KIND OF BUSINESS OR
withi	A CITT OR TOWN OF DEATH	IN NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
filed filed	USUAL RESIDENCE INNURSING H	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	Kale Howert De	Cook	Food Service
pa p	130 STATE	COUNTY 136 GITY OR TOWN	131. INSIDE CITY LIMITS?	13. STREET ADDRESS 1400	Tenul (20910)
2 should	14 FATHER'S NAME	0	IS. MOTHER'S MAIDEN NAM	ME	(4500) (20)10)
nd 2 s	Emil Theo	odor Hermann Schulz	Selma	MIDDLE	Schreiber
med con	160 WAS DECEASED EVER IN U	S. ARMED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	Silver Spring	Md. 20904
Pages t, the n	(YES, NO OR UNKNOWN) [IF Y	26-56-9310A	Elaine Taner	, 1015 Clifton I	
ending physic carbon papers on, or removal traumatic ever	1899	ter only one couse per line for (a), (b), and (c), (b), and (c), (b), and (c), (c), (c), (d), (d), (d), (d), (d), (d), (d), (d	ATIC I	CARCINAM	APPPORMATE INTERVAL BETWEEN ONSET AND DEATH JUNEAU APPORTMATE INTERVAL BETWEEN ONSET AND DEATH
signed by the at en please remove to burial, cremati i injury, or other		he DUE TO, OR AS A CONSEQUENCE OF	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 1101
ate has been permit. The siene prior the siene	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
siciar rtifica ansiti	OR CONTRIBUTION CONTR			ED CENTER NATURE OF INJURIEN ITEM 10	3, PART 1 OR PART 2}
is certification or Its	(IF EITHER, NOTIFY MEDICAL EXA	MINER) P.M. 19			
fiter the burn and N and N and N arked	21d INJURY OCCURRED WH TWO TWHILE WORK	2 IR PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
R: A g as t ealth is m	17	hospital) ottended the decount from	10/2	2 10 // 23	19 that (I) (we) tost
of H		111111111111111111111111111111111111111	ind that in (my) (por) opinion	death occurred on the date and h	0
the hosp AL DIRE etached f are Dept. VT: If Ite	17 19 3	MAX m	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	11/23 P-
TO FUNER, should be de with the Sta	224/PHYSICIAN'S NAME	WARD, 6116 RO	ADDRESS ADDRESS	Bether)	9 2/ 20817
5 F#3 =	230 BURIAL, CREMATION, REMO		CEMETERY OR CREMATORY	234. LOCATION	COUNTY STATE
BP	(SPECIFY) Removal	Nov. 23, 1982 Unifor	the Health Sci	ences Betne	esda, Maryland
DHMH-16 25M (VRA 15, 4) 1/79	24 FUNERAL DIRECTOR NAME Capitol F1	uneral Service, Falls Cl	nurch, Va. NC	V 2 9 1982	STRAR'S SIGNATURE

THE PERCENT OF THE PRESENCE

Asia Company Series at Volt and reserve the a received the series at the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	STATE REGISTRAR			PEI ART	CERTIF	ICATE OF	DEATH	VILIUE 9	REG. NO.			
	CEASED NAME	FIRST		MIDDLE		AST	1	20. DATE OF	DEATH MON	VAN DAY	YEAR	26. HOUR
(TYPE	OR PRINT)	may	(NMN	5	chu	Jar Z		11	12	, 83	000
3. SE)	(4. RACE		5. DATE C		YEAR	6. AGE (INY	EARS LAST BIRTHDA	MON	INDER I YEAR	IF UNDER 24 H
	Male		Caucasi	ian	April		L895	87		YRS.		
	RTHPLACE (STATE C	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	8.	NEVER MARRIED . 9 BALTIMORE CITY OR COUN				OUNTY OF	DEATH	
~	rmany		United					Mont	gomery	Coun	ty,	
10. CI	TY OR TOWN OF D	EATH		HOSPITAL, NURSI		R OTHER IN	TITUTION		OCCUPATION FOR MOST OF WO		12b. KIND O INDUSTRY	F BUSINESS
K	ockuil	12	Shedy	grove H	dvent	ist Ho	Spital	Poultr	-		Farmi	ing
13a. S	AL RESIDENCE (IFN	JRSING HOME OR		13c. CITY OR TO		13d. INSIDE	CITY LIMITS?	130 STREET	ADDRESS			
Ma	ryland	Monte	omery	Germant		YES X	NO 🗌		Leaman	Lane	2087	74
14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER	'S MAIDEN NA	ME	MIDDEE		LAS	
	Arnold		S.	Schwa	rz	Ro	osalie		MIDDEE		Unkno	own
	VAS DECEASED EVE		MED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORM	ANT		ADDRESS			
- (,	No No	(IF YES, GIV	E WAR OR DATES!	015-18-2	973	Edith	Schwar	z , Wif	e, Sam	e as	item #	<i>†</i> 13.
	II CAUSE OF DE	ATH (Enter on	y one couse pe	line for (a), (b), a	nd (c).1		1	. 1			APPROXI BETWEEN	MATE INTERVAL
-	PART I, DEATH		E CAUSE (0)	Venta	icula	s a	rchy	Thmi	Q		15	mir
	410	00	DUE TO, O	R A A CONSEQU	JENCE OF		J			E-80		1
	Conditions, if or		((b)_	Acute	rn	40Ca	rdial	inte	retion	7	5	day
	gove rise to in	ting the	DUE TO. O	R AS-A CONSEQU	JENCE OF	1		,			10	
111	underlying cou	ise lost.	(c)_	Coron	ary	Arto	CIOS	clero	5/5		10	year
_	PART 2. OTHER SI	GNIFICANT	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEASE	OR CONDITI	ON GIVEN	IN PART TIC	0
ION	Drabe	ites y	nollis	hs, Chr	onico	2624L	uctive	PUL	mona	MO	risca	-
CA	19a. DATE OF OPER	RATION	19b. COND	ITION FOR WHICH	H OPERATIO	N WAS PERF	DRMED	200 AUTO			ERE FINDING CAUSES	OF DEATH?
CERTIFICATION					4 - 1/3			YES 🗌	NOX	YES [NO 🗌
	218. ACCIDENT WAS U	_	21b. TIME C		AY YEAR	21c. HOW I	NJURY OCCUR	RED (ENTER NA	TURE OF INJURY IN	ITEM 18 PART	I OR PART 2)	
CAL	(IF EITHER, NOTIFY MI		in I	.M.	19							
MEDICAL	21d. INJURY OCCU	JRRED		OF INJURY REET, FACTORY, OFFICE.	EARM STC)	21f LOCAT	ION		CITY OR TOWN		COUNTY	STATE
5	AT WORK AT	WHILE D	(Al HOME, 31	REEL, PACIONI, OFFICE.	PARM, ETC.)			,	/-			
	22a I certify that	(I) (this hospit	ol) opended th	ye deceased from.	CC		19 600		1001	7 19.	82	tha (We)
- 1	sow the dece	osed olive	Diew the body	ofter death.	XZ, or	d that in my	(our) opinion	deoth occurred	d on the date o	and hour or	nd from the	couses stated
	776 SIGNATURE	- (100	1 .		DEGREE					22c DATE	SIGNED
-	33 3	enn	Sto	Novs	1	MD	PHYSICIAN	MEDICAL	TAFF PHYSICIAN	1 🗆	11-1	5-82
	22d PHYSICIAN'S	NTAME LIVE O	RPRING			22e. ADDRE	SS					
	James	: 05.	1100	rc Jr.		2071	Brooke	es Auc	Gait	hers	purp	mo.
	URIAL, CREMATION	N, REMOVAL	23b. DATE	Nov . 23c.	NAME OF C	EMETERY OR	CREMATORY	23d. LOCA	TION	C	OUNTY	STATE

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove carbonopers. Pages 1 and 2 should be filed within 72.

unol-tronsit permit Aentol Hygiene prior

injury, or other troumotic

MPORTANT: If them 21 is morked or them 18 sho

should be detached for use as the biwith the State Dept. of Health and N

FOR

(VRA 15, 4)

etoined by the hospitol

16, 1982 Burial
74 FUNERAL DIRECTOR
NAME Robert A. Pumphrey Funeral Rockville, Maryland

Homes.

Parklawn Memorial

Maryland

Rockville.

BOTO HE TO LEAD TO DESCRIPTION OF MARKET Shady Brove Adventist Hospital

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😕

REGISTRAR			CERTIFICATE OF DEATH	REG NO		
1. DECEASED NAME (TYPE OR PRINT)	MAR CEA	M.	SEARCH	20. DATE OF DEATH MONTH	17 /982	26 HOUR
3. SEX	4 RAC	Е	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
I-EMALE		WHITE	DEC. 3. 1916	65 YRS	MONTHS DAYS	HOURS MIN
	OR FOREIGN 76 CIT	IZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUN	TY OF DEATH	
PENNA		U.S.A	MARRIED NEVER MARRIED WIDOWED DIVORCED	MONTGON	NERY	M

NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION CRUSS

SAME

12a USUAL OCCUPATION

MIDDLE

ADDRESS

MON 4 FATHER'S NAME

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

(YES, NO OB UNKNOWN)

cause (o), stoting

cause

underlying

CERTIFICATION

MEDICAL

morked or Item

IMPORTANT: If Item 21 is

should be detached with the State Dept

MIDDLE

(IF YES, GIVE WAR OR DATES)

ADA 17 INFORMANT

16409 APACHE LA GATTH MD.

years

that (1) (we) last

1%. KIND OF BUSINESS OR

CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF

Canditions, if any, which gave rise to immediate the last.

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

100110.					
DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED		206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH	
NA			YES NO	YES 🔲	NO 🗌
10. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c. HOW INJURY OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
OR CONTRIBUTING CAUASOF DOLL	HOUR A.M. MONTH DAY YEAR				
(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19				
Id. INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION			
WHILE NOT WHILE NA	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOW	n COUNTY	STATE

AI	WORK - AT WORL	- /					
220	-I certify that (I) (this hospit	al) attende	d the deceased	from //	lay	15
	sow the deceased	olive on.	NOV	12	19 0		d that
	above, (I) (₩ (did nat) view the b	ady after death	١.	1.4	
22	SIBNATURE	1	Λ			D	EGRE

my) (a or) opinion			dote	ond	hour	ond	from	the	couses	stoted
	-						22r D	ATF	SIGNE	D

REE		22t. DATE SIGNED
	ATTENDING MEDICAL STAFF	11/18/82
	PHYSICIAN DIRECTOR PHYSICIAN	11/10/02

PHYSICIAN'S NAME (TYPE OR PRINT)		22e
Villiam F. Simpson	MD	0
Villiam to Dimpson	111	01

06 NH are Silver Spring

17	111	a		70	
7					=
	COUNTY	1)	STATE	

230 BURIAL, CREMATION, REMOVAL

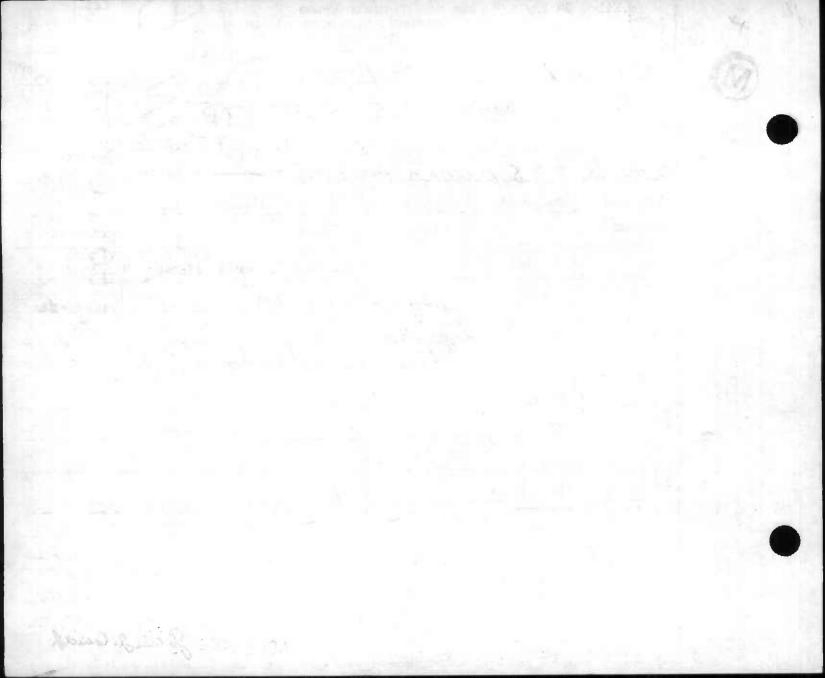
DHMH - 16 60M 1/75 (VRA 15(4))

24 FUNERAL DIRECTOR

1200 1000 STATES THEORY - AT I HAVE THE TON THE TON THE STATE STATES TOTAL AND STREET TO SAFE Stagned Advanced from the proof of the second for the stage of the second secon The second secon

-
120
JD 21
YLA
AR
X
ALTIMORE, A
WO
E
BA
ST.
Z
ST
PRE
×
201 W.
5,2
RD
0
2
VITAL RECORDS,
>
IVISION OF
O
VIS
ā
4

	1. DE (TYPE	CEASED NAMATHA	AN IRST	4 RACE	WIDDLE	SELD 15. DATE OF	MAN	2a. DATE OF	DEATH MONTH	20/82
		Male IRTHPLACE (STATE OR		Whi	te WHAT COUNTRY?	MONTH 8	DAY YEAR 97	8	5	MONTHS DAYS
36	Ma	ryland		U. S.	Α.	MARRIED WIDOWED	NEVER MARRIED DIVORCED	MON		NERY
20 Jo	B	Hesda		SUB	urban	Ha	spital	CO-OWN	for most of work Ret:	ired & Batte
13/	Ma	ryland	Monto	omery	Rockville		13d INSIDE CITY LIMITS? YES NO	13°251REEJ A	Old Geo	Apt. C rgetown Ro
51	Ak	oraham	,	MIDDLE	Seidman		Sarah		MIDDLE	Hacker
e medical	16a V	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMANT Mrs. Tema S.	David	8307ESWh Bethesd	itman Drive a, Maryland
her traumatic ev		Canditions, if any, gave rise to improve (o), statis	mediate ng the		DR ASJA CONSEQUE	Vian'		Lin	001	3 da
s any injury, or ather traumotic ev	ICATION	gave rise to im- couse (o), statin underlying cause	, which mediate mediate has the last	DUE TO, CO	DR AS A CONSEQUE DR AS A CONSEQUE	ENCE OF SEATH BUT	IQT RELATED TO THE TER	AIDAL DISEASE	SY? 20b. I	VOITEN IN PART 110
Item 18 shows any injury, or ather traumotic ev	ICAL CERTIFICATION	gave rise to imicouse oil, stofir underlying cause PART 2 OTHER SIGNATE OF OPERA 2)a. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER NOTIFY MEDI	, which mediate ng the last high the last hi	DUE TO, C (c) DUE TO, C (c) ONDITIONS C 19b. CONE HOUR A	OR AS A CONSEQUE OR AS A CONSEQUE ON RIBUTING TO E OITION FOR WHICH OF INJURY A.M. MONTH DA	INCE OF SEATH BUT	WAS PERFORMED	280 AUTOI	20b. IN C	GIVEN IN PART 110 IF YES, WERE FINDING ERTIFYING CAUSES OF YES.
orked ar Item 18 shows any injury, or ather traumotic ev	MEDICAL CERTIFICATION	gave rise to imicouse ol, stofir underlying cause PART 2 OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. INJURY OCCURI	, which mediate ag the last TION DERLYING CAUSE OF DEA' CICAL EXAMINER) RED	DUE TO, C (b) DUE TO, C (c) ONDITIONS C 19b CONE 21b TIME C P 21e PLACE	OR ASIA CONSEQUE OR ASIA CONSEQUE CONTRIBUTING TO E OITION FOR WHICH OF INJURY A.M. MONTH DA	OPERATION AY YEAR 19 ARM EIC)	WAS PERFORMED 216 HOW INJURY OCCUP 211 LOCATION STREET	280 AUTOI	20b. IN C	GIVEN IN PART 110 IF YES, WERE FINDING ERTIFYING CAUSES OF YES.
If Nem 21 is morked ar Nem 18 shows any injury, or ather traumatic ev		gave rise to imicouse ol, statistical underlying cause PART 2 OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER NOTHY MED) 21d. INJURY OCCUR.	, which mediate ag the last. NIFICANT CONTINUE CAUSE OF DEA' CAUSE OF DEA' CAUSE OF DEA' CAUSE OF DEA' (CAUSE OF DEA' (C	DUE TO, C (c) DUE TO, C (c) ONDITIONS C 19b. CONE 19b. CONE 21b. TIME (HOUR A P 21e. PLACE (AT HOME, S)	OR AS A CONSEQUE OR AS A CONSEQUE ON THE TOTAL OF INJURY A.M. MONTH DA OF INJURY IREET, FACTORY, OFFICE, F.	OPERATION AT YEAR 19 ARM ETC.)	WAS PERFORMED 21c HOW INJURY OCCUP 21l LOCATION STREET 19 1 that in (my) (bor) opinion EGREE	200 AUTOI YES PRED (ENTER NATI	PSY? 20b. IN C	IF YES, WERE FINDING ERTIFYING CAUSES O YES
MPORTANT: If Hem 21 is marked ar Item 18 shows any injury, or ather traumatic ev	MEDICAL	gave rise to imicouse ol, stotic rouse ol, stotic underlying cause PART 2 OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UNIOR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. INJURY OCCUR. WHILE NOTIFY MEDI 22a. I certify that (I) sow the decease obave.	which mediate ag the state of t	DUE TO, C (c) DUE TO, C (c) ONDITIONS C 19b. CONE 19b. CONE 21b. TIME (HOUR A P 21e. PLACE (AT HOME, S) view the body	OR ASIA CONSEQUE OR ASIA ACONSEQUE OR ASIA ACONSEQUE ON ARIBUTING TO E ON THE INJURY INC. M. MONTH DA OF INJURY IREET, FACTORY, OFFICE, F. The deceased from Or office of the deceased from the	OPERATION AY YEAR 19 ARM ETC) DI	WAS PERFORMED 21c HOW INJURY OCCUP 21l LOCATION STREET 19 1 that in (my) (box) opinion	200 AUTOI YES RED (ENTER NATI deoth occurred MEDICAL DIRECTOR	PSY? 20b. IN C	IF YES, WERE FINDING ERTIFYING CAUSES OF YES COUNTY COUNTY 19 the d hour and from the co



filled buld b

phy

à

ā

0

à

and Mental Hyg

Dept

should be with the

DIRECTOR hospital

0

BP DHMH - 16 50M 4/B2 (VRA 15, 4)

8

ä

porked

* be deto MPORTANT

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2a. DATE OF DEATH 1. DECEASED NAME 2b. HOUR (TYPE OR PRINT) GEOLGE IF UNDER 1 YEAR . AGE (IN YEARS LAST BIRTHOAY) 1. SEX 5. DATE OF BIRTH MONTH 8 YEAR 80 02 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OF FOREIGN MARRIED NEVER MARRIED MONT GOMERY WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR BUTCHER INDUSTRY 13d. INSIDE CITY LIMITS? YES X NO [15. MOTHER'S MAIDEN NAME MIDDLE SREEN ADDRESS 17. INFORMANT (IF YES, GIVE WAR OR GATES) ackelford-SAME #13 18. CAUSE OF DEATH (Enter only one couse per line fosio , Ibi, and ic-PART I. DEATH WAS CAUSED BY: 30.50 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19g. DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 10 YES T NO T 21a. ACCIDENT WAS UNDERLYING 216 TIME OF NJURY Mr. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased fram and that in (m) (aur) apinion death accurred on the date and have and from the causes stated view the bady after death 72h SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN TO DIRECTOR PHYSICIAN 22d. PHYSICIAN 22e. ADDRESS I NAME (TYPE OR PRINT) 10 le iner 470 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY

 requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

within 24 hours ofter deoth. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours of with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	0)	2	0	53	13	100
)	60	lin	1	U	4	-

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE NOV 2, 4 1982

1. DECEASED NA				CENTIN	ICATE OF DEATH	REG. NO).		
	ME FIRST	A	AIODLE	1,	NST	100 -	MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT)	Pari	(NMN)	Sha	ahna	November 9	, 19	82	5:35 p
3. SEX		4. RACE		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR		MONTHS DAYS	
Female		Whit	e		per 10, 1943	39	YRS	MONTHS DAYS	HOURS MIN
e. BIRTHPLACE	(STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	2	NEVER MARRIED	9 BALTIMORE CITY O		Y OF DEATH	
Iran	- C	USA		WIDOWE		Montgomery	Cou	nty	N
10. CITY OR TOW	'N OF DEATH		OSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O			F BUSINESS O
Bethes		Clinica	1 Center	, NIH,	, Beth. Md	Nurse	**************************************	Alex.	Hospi
USUAL RESIDENCE 130. STATE Virgin	ia		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Falls C	'N I	13d. INSIDE CITY LIMITS? YES A NO	13e STREET ADDRESS 6512 Oakwo	od D	r 220	41
14. FATHER'S NA		WIDDLE	LACT	T	15. MOTHER'S MAIDEN NA/	ME			
Ahmad			arnejad	10.00	Ameneh	MIDDLE		Calbas	i
160. WAS DECEAS	SED EVER IN U.S. AR		166. SOCIAL SECL	IRITY NO.	17. INFORMANT	ADDRE	SS		
NO OR UNK	(IF YES, GIV	E WAR OR DATES)	231 92	0308	Ahmad Shahna	(husband)	Same	as pat	ient
	OF DEATH (Enter or		line for to), (b), on	d (c).)				APPROX BETWEEN	MATE INTERVAL
PART I.	DEATH WAS CAUSE	D BY: TE CAUSE (0)	enal Fail	lure,	Sepsis, Pancy	topenia		1 1	nonth
gove rise	s, if any, which to immediate b), stating the	(b)	Ewing :	s Sarc	oma			9 ma	onths
ondonym,	g couse lost.	(c)	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART 1	
	THER SIGNIFICANT (OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERT	S, WERE FINDII	NGS USED
STATE CONTRIBUTION OF CONTRIBU		19b. CONDI	TION FOR WHICH FINJURY M. MONTH D.		N WAS PERFORMED	YES NO	IN CERT	FYING CAUSES	NGS USED OF DEATH?
OR CONTRIBI	DE OPERATION NT WAS UNDERLYING UTING CAUSE OF DE	19b. CONDI 21b. TIME O HOUR A./ 1) P./	TION FOR WHICH FINJURY M. MONTH D. M.	AY YEAR		YES NO	IN CERTI Y	FYING CAUSES	NGS USED OF DEATH?

Wis. Ave.N.W.

Wash

DC

Home Inc.

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

Islands Cordens Falls thereby Virginite

level - uner of twee Ing. to make tweether the level with the second transfer to the way of the way

	6	1
/	8	n.f.
1	N	7
		100
	of the	10
	a bours	A september
	within 2	2 should
	2	25/

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 3	5
200	6
Stone	
dina	,

29 8 0 7

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
(TYPE OR PRINT)	FIRST MIDDLE	LAST	20. DATE OF DEATH MONTH		26 HOUR P
L	YDIA MARY SHARPE		NOVEMBER 8 19	82	4:15 h
3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
FEMALE	BLACK	OCTOBER 26 1982	1 2 Y	RS. DAYS	HOURS MIN.
O. BIRTHPLACE (STATE OR FOR	PEIGN 76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED X	9 BALTIMORE CITY OR COL		
MARYLAND	UNITED STATES	WIDOWED DIVORCED	MONTGOMERY		M
10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STR		120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORK		F BUSINESS OR
BETHESDA	NAVAL HOSPITAL				
	THE COUNTY 134. CITY OR TO		13e STREET ADDRESS 902 C SHEPARE	TERRACE	
4 FATHER'S NAME	or interest	15. MOTHER'S MAIDEN N			
FIRST	BETT SHARPE	FIRST	AYE BEVERLY	lAS	T
160 WAS DECEASED EVER IN		CURITY NO. 17. INFORMANT	ADDRESS		
NO OR UNKNOWN)	IF YES, GIVE WAR OR DATES)	FRANK C SH	ARPE, 902 C SHE	EPARD TERE	PACE
Conditions, if any, v gove rise to imme- cause (a), stating underlying cause	which diote the lost DUE TO, OR AS A CONSEC	TTAL ANOMALIES LEAD	ING TO METABOLI	C IMBALAN	ICE
PART 2. OTHER SIGNIF	ICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDER	ON 196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		F YES, WERE FINDIN ERTIFYING CAUSES YES [X]	
00.000.000.000.00	SE OF DEATH HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	
VECTORING CAL (IF EITHER, NOT IFY MEDICAL 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	LAT HOME STREET FACTORY OFFIC	E, FARM, ETC.) 211 LOCATION STREET	CITY OF TOWN	COUNTY	STATE
saw the deceased	nis hospital) attended the deceased from alive on NOVEMBER 8 19 (did not) yew the bady after death.	OCTOBER 26 1982 82 , and that in (my) (our) opinion		8_, 19_82 I hour and from the	that (I) (we) las
226. SIGNATURE	Va	DEGREE		22c. DATE	
19	pour L	MC ATTENDING PHYSICIAN	MEDICAL STAFF	9 NOV	1982
22d. PHYSICIANIS NAM	E (TYPE OR PRINT)	22e ADDRESS NAVA	L HOSPITAL, NAT	CIONAL NAV	/AL

TO FUNERAL DIRECTOR: should be detach with the State De BP.

MPORTANT

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

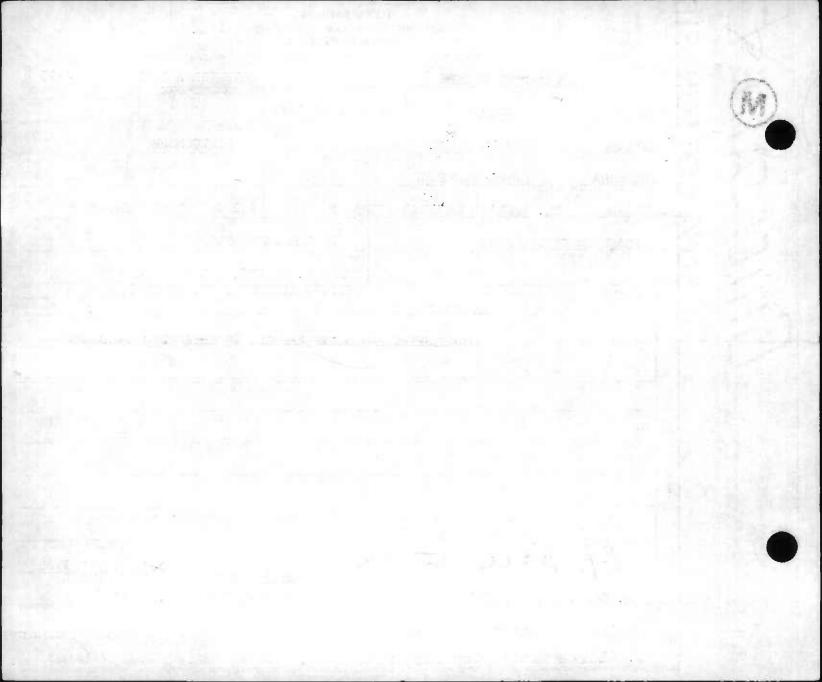
DHMH - 16 50M 1/B1 (VRA 15, 4)

M. KORE, LT, MC, USNR

236. DATE

MEDICAL CENTER, BETHESDA, MD 20814 23c. NAME OF CEMETERY OR CREMATORY

Burial
24 FUNERAL DIRECTOR Charles Memorial Cardens Leonardtown St. Marys Personardtown, Md. NOV 12 1982 John J. Cahilfud. Clarke Mattingley Leonardtown, Md.



200		
0		
~		
-		
me		
22		
a		
2		
8		
럿		
ĐC.		
3		
3		
2		
100		
M		
-04		
0		
-		
-5		
Sec.		
140		
BA		
m		
-		
123		
in		
-		
z		
0		
\simeq		
1/0		
w		
OF.		
PRE		
3		
~		
-		
0		
64		
un		
a		
800		
0		
ŭ		
益		
蕊		
-		
귤		
2		
=		
3		
400		
云		
v		
2		
8		
2		
100		
20		
NOISIAID		
=		
-		
-		,
1		
•	•	•

3. SEX 4. RACE CAUCASIAN MARY 21, 01895 YEAR AGE INVITABLAS I BRINDAY PUNCE PLAN AGOINT PUNCE PLAN AGE INVITABLE PLAN A	3. SEX 1. RACE Caucasian Maximum 21, 1895 TAM 8. REPRESENTANCE (STATE OF FORECA) 1. SERTHHALACE (STATE OF FORECA) New YorkState 1. S. DATE OF BRITH MAXIMUM 21, 1895 TAM 8. AGE (INVILADE LASS ASS BRITHDAY) 1. SERTHHALACE (STATE OF FORECA) NEW YORKSTATE New YorkState 1. S. AGE (INVILADE LASS ASS BRITHDAY) 1. S. BIRTHHALACE (STATE OF FORECA) NEW YORKSTATE NEW YORKSTATE 1. S. AGE (INVILADE LASS ASS BRITHDAY) 1. S. AGE (INVILADE LASS ASS BRITHDAY) 1. S. ARTHHALACE (STATE OF FORECA) NOTICE OF WART COUNTRY? 1. S. ARTHHALACE (STATE OF FORECA) NOTICE OF WART COUNTRY? 1. S. ARTHHALACE (STATE OF FORECA) NOTICE OF WART COUNTRY? NOTICE OF WART COUNTRY OF WART COU			FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 9 8 0 8 CERTIFICATE OF DEATH REG. NO.
18. BIRTHPLACE (STATE ORIGINAL COUNTRY OF DEATH NEW YORKSTATE U.S.A. NEW YORKSTATE U.S.A. NEW YORKSTATE U.S.A. NEW YORKSTATE U.S.A. NEW YORKSTATE U.S.A. NEW YORKSTATE U.S.A. NEW YORKSTATE U.S.A. NEW YORKSTATE U.S.A. NEW YORKSTATE U.S.A. NEW YORKSTATE U.S.A. NEW YORKSTATE U.S.A. NEW YORKSTATE U.S.A. NEW YORKSTATE U.S.A. NEW YORKSTATE U.S.A. NEW YORKSTATE U.S.A. NEW YORKSTATE U.S.A. NEW YORKSTATE U.S.A. NEW YORKSTATE U.S.A. NEW YORKSTATE U.S.A. NEW YORKSTATE U.S.A. U.S.	A BIRTHPLACE STATE OF WHAT COUNTRY MARRIED NEVER MARRIED NEVER MARRIED MAR		(TYPE	OR PRINTS	abel Catherine Sheffer Nov. 27, 1982 12:504
Rockville National Lutheran Home for the Aged Homemaker National Lutheran Homemaker National Lutheran Home for the Aged Homemaker National Homemaker National Research Homemaker National Lutheran Home for the Aged Homemaker National Research Homemaker National Re	ROCKVILLE National Luthers Home for the Aged Homemaker INDUSTRY INDUST	27		NEW YORKState	7.6 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED NEVER MARRIED MONTGOMETY COUNTY OF DEATH WIDOWED D DWORCED MONTGOMETY COUNTY, MD.
Nicholas Fischer Marguerite Marguerite Manual Mas Deceased Ever in U.S. Armed Forces? Ith Mas Deceased Ever in U.S. Armed Forces In U.S. Armed Forc	Nicholas Fischer Marguerite Was Deceased Ever In U. S. Armed Forces? If WAS Deceased Ever In U. S. Armed Forces? If WAS Deceased Ever In U. S. Armed Forces? If WAS DECEASED EVER IN U. S. Armed Forces IN U. S. Arme	10 85	R Isuz Ila S	ockville I RESIDENCE HE NURSING HOME TATE aryland Ball THER'S NAME	National Lutheran Home for the Aged Homemaker National Cutheran Home for the Aged Homemaker For other institution, give street addression) Sunty 136. CITY OR TOWN 136. CITY OR TOWN 136. NOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).	18 CAUSE OF DEATH :Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. BE WELL OOST AND WHATE PART I. DEATH WAS CAUSED BY. BE WELL OOST AND WHATE PART I. DEATH WAS CAUSED BY. BE WELL OOST AND WHATE PART I. DEATH WAS CAUSED BY. BE WELL OOST AND WHATE PART I. DEATH WAS CAUSED BY. BE WELL OOST AND WHATE PART I. DEATH WAS CAUSED BY AND WHATE PART I. DEATH WAS CAUSED BY AND WHATE PART I. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. DEATH PART I. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. DEATH PAR	20		Nicholas AS DECEASED EVER IN U.S. (ES NO OR UNKNOWN) (IF YES.)	Fischer Marguerite Ungman ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Md.
TO SOLVE WILLIAM TO SALVE SALVE TO SALVE SALVE TO SALVE SALV	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FARM, ETC.) 22a I certify that (I) (this haspital) attended the deceased from FFP, 19 , 10 27 Nov. 19 , that (I) (we) last saw the deceased alive an above, (I) (we) (did 70 id nat) view the bady after death. 22b. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTION OF THE PHYSICIAN OF	any injury, as other traumatic eve	CATION	Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b) AS (V) DUE TO, OR AS A CONSEQUENCE OF (c) IT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	22a I certify that (I) (this haspital) attended the deceased fram F5 19 4 to 27 M/J 19 4 that (I) (we) last saw the deceased alive an abave. (I) (we) (did raid and view the body after death. 22b SIGNATURE ATTENDING AFDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIR	1.72	500	OR CONTRIBUTING CAUSE OF C	VES NO VE
Thomas E. Dooley, M.D. 2901 Olney-Sandy Springs, Rd. Olney, Md. 1316 BURIAL, CREMATION, REMOVAL 2336. DATE 236 NAME OF CEMETERY OF CREMATORY 236 LOCATION 236 LO				e Hysong Comp	any 1300 N St. N.W. Wash. D.C.

The second of th that is wearness had any one denotical Darryal a philosoci AND THE PARTY OF T The section of the se ple tre man 1979 rende tes respektives again -TVall grade a grade of the state The Latte and Commercial Street

	·	FOR STATE REGISTRAR				MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		9 8	0 9
		OR PRINT)	NA		WIDDLE	SHE	PPARD	20. DATE OF DEATH	MONTH C	982	707P
M	1. SEX			RACE Wh:	ite	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	^	IF UNDER I YEAR	IF UNDER 24 HRS
75		RTHPLACE (STATE OR FI	OREIGN 76		WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY O			MD
25	30. CI	TY OR TOWN OF DEA		I. NAME OF		IG HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewi	ON F WORKING LIFE	126. KIND C	F BUSINESS OR
35	130. S	AL RESIDENCE (# NURSI		HER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS? YES \ NO \	13e. STREET ADDRESS 8 Peony D		(20877)
5	14. FA	ATHER'S NAME FIRST Alex	MI	DDLE	Polinsk	i	15. MOTHER'S MAIDEN NA/ FIRST Annie	MIDDLE		Stank	0
) medica		VAS DECEASED EVER YES, NO OR UNKNOWN) NO		ED FORCES? VAR OR DATES)	215-36-		W. Stanley			Brent lle,Md	.20850
event, the		18. CAUSE OF DEATH PART I. DEATH W	H (Enter only AS CAUSED IMMEDIATE	BY:	RESPIRATO F		RREST - CARAIDGE	EMC School		BETWEEN (C	MATE INTERVAL ONSET AND DEATH
or amer traumanic		Conditions, if only, gove rise to imm cause (a), statin underlying couse	g the	(b)_	DR AS A CONSEQUI DR AS A CONSEQUI CARCIM N	RREM ENCE OF	HT - METMITATIC	LUNG, LWA	R-BOUE	2	MONTH!
	NO	PART 2 OTHER SIGN	INTO A	- 1 A'As	ONTRIBUTING TO	11 1 000	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 11	a
2	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONE	DITION FOR WHICH	Y	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDII YING CAUSES	
9		21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH			AY YEAR	21c. HOW INJURY OCCURE	RED (ENIER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)	
morked or nem	MEDICAL	21d. INJURY OCCURE	RED	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE, F	FARM, ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
7		22a. I certify that (I) saw the decease above, (I) (we) (c	(this hospito	11	19 1	10	nd that in (my) (our) apinion	to 11/17	ote and hou	3-	that (1) (we) lost causes stated
E He He		226. SIGNATURE		I WANT	y oner deom.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED 182
MPORTAN		GREGORIO	LOB	HO			13 E DEER	PARK PR. GA	MARZI	hore	MD
≥	230	BURIAL CREMATION	DEMOVAL	225 DATE	123,	NAME OF C	EMETERY OF CREMATORY	734 LOCATION			

BP. DHMH - 16 50M 4/B2

(VRA 15, 4)

11/22/182 Burial 24 FUNERAL DIRECTOR

335. DATE

230. BURIAL, CREMATION, REMOVAL

Gartner Sandison

Forest Oak Cemetery 316.E. Diamond Ave. Gaithersburg, Md. 20877

23c NAME OF CEMETERY OR CREMATORY

AATORY 234 LOCATION COUNTY Gaithersburg Montg

Montgomery

The state of the s

0
22
0 2
Z.
5
8
MAR
M
08
WO
ALTI
8
1
101
ő
15
80
-
3
20
vs.
0
9
H
3
E
>
Ö
N N
DIVE
0
-

		FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 2 CERTIFICATE OF DEATH REG. NO. SHIPE LOODER D. HOWEN	981
1	, DEC	EASED NAME FIRST REPORTED PRINTS REPORT PRIN	Ze. DATE OF DEATH	TIGST INCO
) 1	I. SEX		WEITE S. DATE OF BIRTH 6. AGE IN YEARS LAST GIRTHOAY) WEITE APRIL 20, 1916 66 YRS.	IF UNDER 1 YEAR IF UNDER 24 HR
1478	C	THPLACE (STATE OR FOREIGN DUNTRY)	Ob. CITIZEN OF WHAT COUNTRY? MARRIED WIEVER MARRIED 9. BALTIMORE CITY OR COUNTY MONTGOMET WIDOWED DIVORCED	
	t. CI	Y OR TOWN OF DEATH Rockville	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION SHADY GROVE ADVENTIST HOSPITAL Landscaper	126 KIND OF BUSINESS CONTROL INDUSTRY Landscapi
35	SUA Jo IV	de 20874 13 William	other institution give residence before admission) 13 CITY OR TOWN 13 CITY OR TOWN 13 No M 19515 Freder	ick Rd.
50		THER'S NAME SOLY AS DECEASED EVER IN U.S. ARA	E. Shipe Etta — Rigole	LAST
4)		ES, NO OR UNKNOWN) I IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS ADDRE	# 13
ny injury, or other troumo	ATION	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last. PART 2. OTHER SIGNIFIC ANT C	we Replacement Referentle Vever, C	years EN IN PART TIO COLLEGES, WERE FINDINGS USED
m I a	× 1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 P.	YING CAUSES OF DEATH?
and or then	MEDICAL	1 IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE		COUNTY STATE
mm 21 15 mor			DEGREE	
PORTANT, #1		Douglas R. Douglas R.	PRINT) ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN PRINT) 22e. ADDRESS 615 W. Month Staff PHYSICIAN DIRECTOR PHYSICIAN	11-7-32 200850
23		urial, cremation, removal Burial	236. DATE 23c. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OF TOWN CITY OF TOWN CITY OF TOWN	ORANGE N
1/B2 24	州	ANCISTH. BAR	ALL DATE DECEMBER DECEMBER DECEMBER	RAR LISUTION

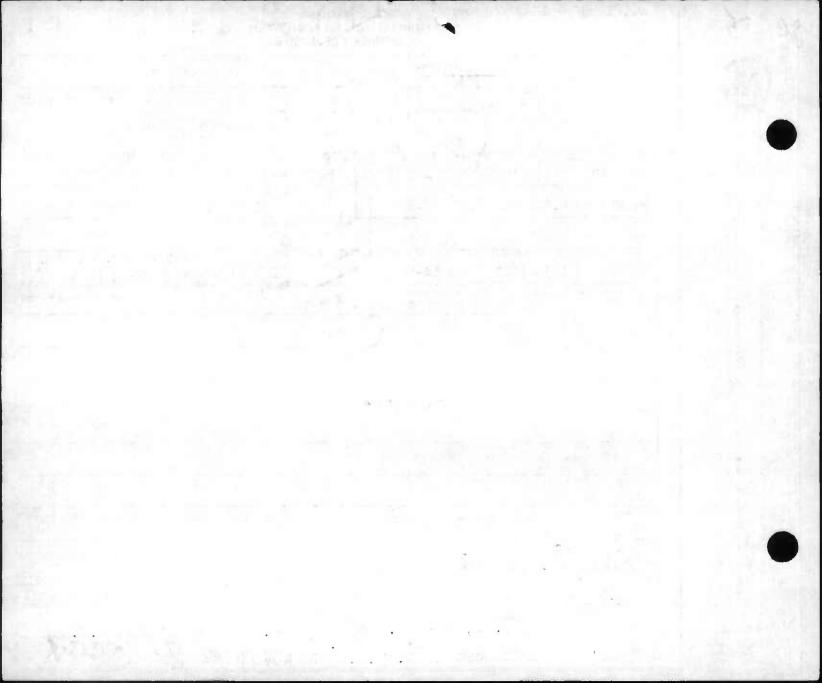
ellin o mininoskus seessanse feiimo Dellastan Evoc enoting the second seco -- 10 make for it and the control of it.

OF.10,1000 CHELE ARE TOP. 10 PROTECTED

DHMH - 16 50M 1/81

(VRA 15, 4)

#1,FilmG574 12/27/82 kam STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2b. HOUR 1982 NOVEMBER 5:55a 6 AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRYPHS 5803 SIR GALAHAD ROAD MANCUSO A5803 SIR GALAHAD RD. GLENN DALE, MD 20769 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE NOVEMBER and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN ** DIRECTOR | PHYSICIAN | 7 NOV 82 NAVAL HOSPITAL, NAVAL MEDICAL NATIONAL CAPITAL REGION, BETHESDA, MD 20814 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Burial Nov. 12, 1982 St. Peters Ceme. Staton Island 4217 9th St. NW 250 DATE REC'D. BY REGISTRAR 20 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Marshall's Funeral Home Wash. D.C.20011 NOV



3. SI 70. E NO 10. C R USU 130 M	MEDICAL CERTIFICATION	23a
10 85 35 50	29	
dicol examiner must be notified at ance.	IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other troumatic event, the medical prominer must be notified at an ex-	_
jes 1 and 2 should be filed	TOTATE AT LINE LONG A THE MINISTER SECTION OF THE S	
	retained by the hospital or attending physician.	See .
recuted within 24 hours often draft Fage	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Fage 4-miles	p-m
DRE, MARYLAND 21201	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	

	STATE OF MARYLAND	
DEF	PARTMENT OF HEALTH AND MENTA	L HYGIENE
	CERTIFICATE OF DEATH	
 ALD DIA	1457	12. 0

0	13	0	0	3.3	1	3
O	2	bra	7	0		4

I	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYG	IENE 8 2 2.	9 8 1 2
Ĩ	DECEASED NAME FIRST	WIDDLE	0	Simmons,	20. DATE OF DEATH MONTH	01 -82 12:06 PM
I	Male	4. RACE Caucasian	S. DATE C	h 9, 1900 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 82 YRS.	FUNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
P	o. BIRTHPLACE (STATE OR FOREIGN North Carolina	United States	WIDOWE		Montgomery C	
	0. CITY OR TOWN OF DEATH Rockville	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	ADDRESS)	NOTHER INSTITUTION	120 USUAL OCCUPATION (1786 OF WORKING L Realtor	Real Estate
		R OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY SILVET SI	pring		3619 Chorley Wo	ods Way (20906)
	father's name George	Simmons		15 MOTHER'S MAIDEN NAM E1Ia	MIDDLE ADDRESS	Cooper
	60 WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (1F YES. GI	RMED FORCES? 166 SOCIAL SECU 579-03-6		Virginia H. S	Simmons, same as	#13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	nly one couse per line for (o), (b), one ED BY: TE CAUSE (o) OUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	INCE OF	Data la Diagram Not related to the term	INAL DISEASE OR CONDITION GI	151 146.
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHI	OPERATIO		200 AUTOPSY? 20b. IF YE IN CERTI	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ESNO
	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE LIFETTHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	AIR	AY YEAR 19 ARM ETC)	211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2) COUNTY STATE
	220.1 certify that (1) (this hosp saw the deceased alive or above, (1) (we) (did) (did no 22b. SIGNATURE	ot view the body efter death.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGNED
		ONES			11 Road Rockvill	e, Maryland
L	(SPECIFY) Cremation	2, 1982 ^v · Me	tropo	emetery or crematory litan Cremator	4	
2	4. FUNERAL DIRECTOR Robert Rockvi		eral 0850	Homes, PA	V 5 1982 To C	TRAN'S SIGNATURE

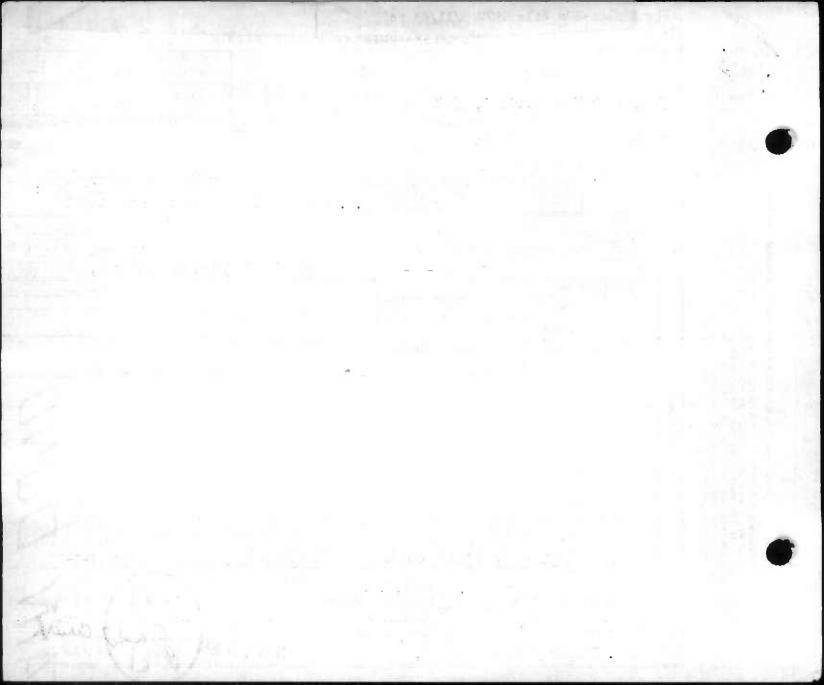
DHMH - 16 50M 4/B2

(VRA 15, 4)

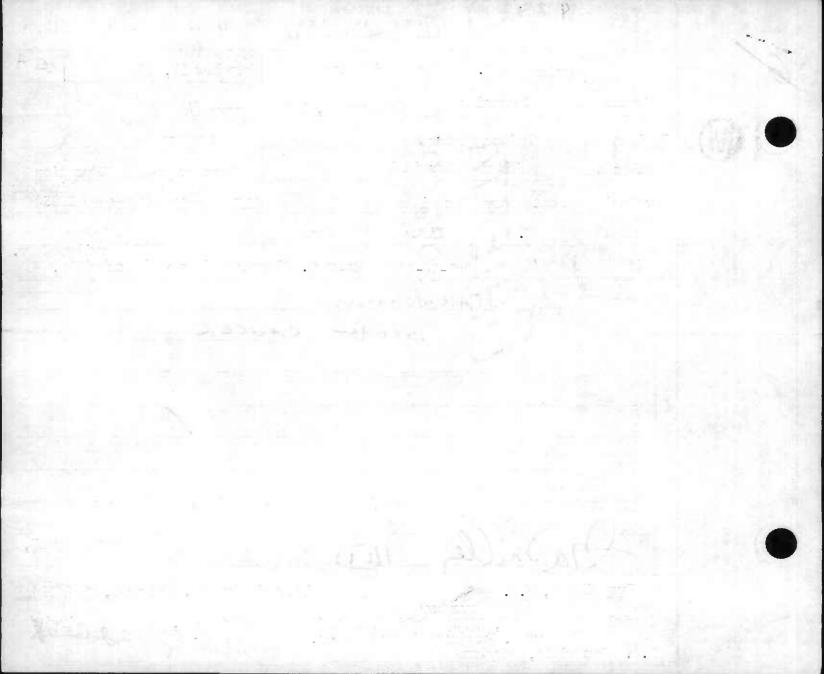
BP.

The Principle of the Party of t de la maria de la companya della companya della companya de la companya della com The state of the s

1	(TYPE	REGISTRAR EASED NAM OR PRINT)	KARA		MIDDLE		SINH				20. DATE K OF DEATH /	REG. NO NOWNXIX ESTI- MATED	HTMOM	1-82 ₉	M
15 × Z		emale	Indian .		1947	6. AGE (IN YEARS LAST BIRTHDAY) 35 YRS.	MONTH	DER 1 YR.	IF UNDER Hours	MIN.	PRONOUNG DEAD			1-82 ₁₉	6:37R
¥//	FOR I	RTHPLACE (SEIGN COUNTRY) Adia Y OR TOWN		Ind:			VIDOW		DIVORC	ED XX	Montac	mery	Coun	126. KIND OF !	
Like and the second	JSUA		(IF IN NURSING HOME O	Wash	ON, GIVE RESIDENCE	Adventi:					clerk			Librar Zip Co	у
7	30. ST	THER'S NAMI	136,COUN	TY	Wast	nington	D.C		NO C		Leeg	ate R	oad	20012	
101		Hrishi.	kesh	WIDDLE		iha.	1	Ama	ala		AN ID			Chowd	
3	60. W	NO NO	D EVER IN U.S. ARA	MED FORCES?		-60~3234		Arat:		mel (Siste			attery da, MD	
USED AS A BURKAL - IKANSII PEK OF HEALTH AND MENTAL HYGIEN RIAL, CREMATION, OR REMOVAL	NO	gave ri cause (a lying cau	ins, it any, which ise to immediate) stating the <u>under-</u>	(b)_ DUE TO	O, OR AS A COI	ermined NSEQUENCE OF NSEQUENCE OF	L OISEASE	OR CONDITION	N GIYEN IN PA	RT 1 (a)			4		
URIAL, C	TIFICATION	19a. DATE OF	OPERATION	19b. CC	ONDITION FOR	WHICH OPERAT	ION W	AS PERFOR	MED?		1			20 AUTOPS	
PRIOR TO BUIL	MEDICAL CERTIFICATION	UNDERLYING	NG CAUSE OF D	HOU	AE OF INJURY R A.M. MONTH P.M. ACE OF INJURY	19		OW INJURY	OCCURRE	D LENTERN	NATURE OF INJU	RY IN ITEM 18 I	PART I OR PAI	RT 2)	
BALTIMORE, MARYLAND, 21201 P	MEI	WHILE AT WORK	NOT WHILE AT WORK	STREI	r, FACTORY, FARM, I	ave, held an	Autaps	y X , Hamie	PECIFY)	Undete	Inquiry [, an	d in my ap	Dinian ED11-2-8	STATE
ALTIMORE		EXAMINER'S (TYPE OR PRI				rell,M.C) .	ADDRESS	111 P	enn S	Street		SIGNE		
7	24. FL	Cremat		3, 198	Bethe	Metropol	itar	Crem	natory 250. DATE I	7 A1	exandi REGISTRAR	iag	awa	- aVin	Phia



	1	item 6 #G5' FOR STATE REGISTRAR			DEPART	CERTIF	E OF MARYLAND LEALTH AND MENTAL HYP ICATE OF DEATH		REG. NO.	2	9 8	3 1 4	
63 24		CEASED NAME OR PRINT)	first lartha		WIDDLE		vertsen	Novemb	er 17,			26. HOUR A	
1 27	3. SE	Female	4	4. RACE Caucasi	lan	5. DATE O			6. AGE (IN YEARS LAST BIRTHDAY) IF MON		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
O M 52	Ir	RTHPLACE (STATE OR F COUNTRY) ndiana		United		WIDOW			gomery		FDEATH	MD.	
100	F	or town of dea Bethesda		Suburb	oan Hospi	tal ss)	DR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Teacher			INDUSTRY	cation	
AND 21	Ma	AL RESIDENCE (IF NURS STATE L ryland	13P COAL	tgomery	Rockvil	N	13d INSIDE CITY LIMITS?	13e STREET A	Devilw	ood D	rive	Zip Code 20854	
MARYI mplete ond 2	14 FA	Ra I ph		MICOLE .	Viets	3	Oman	AWE.	WIDDLE		Lak	ey	
in and co		VAS DECEASED EVER		AAR OR DATES)	166 SOCIAL SECU		Bruce O. Siv	ertsen				Iwood Dr. 11e, MD	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2122 NG PHYSICIAN: The low requires that the death certificate be executed within 21 hours of the ording physician. If the this certificate has been signed by the attending physician and completely filled into as the buriol transit permit. Then please remove carbon papers. Pages 1 and 2 hands been than and Mental Hygiene prior to buriol, cremation, ar removal. orked or them 18 shows any injury, or other troumatic event, the medical examine much be a second or them.	NO	gove rise to imm cause (a), statin underlying couse	which nediote g the lost.	DUE TO, O DUE TO, O DUE TO, O	OR AS A CONSEQUE	INCE OF	AST CA			ION GIVEN	IN PART 10	101	
AL RECOI	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO		Ob. IF YES, W CERTIFYIN YES [G CAUSES	NGS USED S OF DEATH?	
OR ATTENDI on hospital or DIRECTOR: A oched for use Dept. of Heal	MEDICAL CER	216. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER NOTIFY MEDIC 21d. INJURY OCCURE WHILE NOT WHAT WORK NOT WHAT WORK COSE 220.1 certify that (1)	CAUSE OF DE	ATH HOUR A. P. 21e. PLACE (AT HOME STI	.M. MONTH DA .M. OF INJURY REET FACTORY, OFFICE, F	19	216. HOW INJURY OCCUR 216 LOCATION STREET 217 LOCATION STREET ATTENDING PHYSICIAN	deoth occurred	CITY OR TOWN	7, 19.	COUNTY 82, and from the	that (I) (we) lost e couses stated	
TO HOSPITAL retoined by 1 TO FUNERAL should be det with the Stote	23a F	Ira Mil	ler,	M.D.	Joseph d 28	IAME OF C	8218 Wiscons		nue, Be	D.			
BP	,	Burial		19. 1	982 Ar	lingto	on National	Arlin	gton,	0	OUNTY	Virginia	
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 FL	PA Rock	kobeı vill€	rt A. Pu e. Marvl	mphrey Fu and	meral	Homes,	0 22 N	SISPRAR 256	REGICIRAL	ER SACULT	samp.	



· fr		ğ.	9	
-		1	ŧ	
- 5		9	ž	
2		+	ğ	
1		1	5	
-8	1	[5]	À	Д
1	d	lعا	P	И
0.		7	ě.	-
000		.⊆	pe	1
24 1		Hed	pla	4
C		ly fi	sho	
100		ete	2	1
P		mp	000	/
cot		0	- 5	
exe		puo	oge	
pe		60	S. P	
o to		SICI	per	0
Fice		phy	00	nov
Serie		Bu	90	rei
£		pu	00	0,
de		offe	ove	100
2		he	em	ma
10		by i	se	, CF
5		pa	plec	Tio.
ui.e		-Bu	eu	o po
8		e u	E.	or to
3		Pe	and a	pric
e L	'n.	has	be	ene
Ė	Sich	ote	nsit	ygie
Z	shy	fice	110	H
SEC	6	ren	10	ente
HX	odir	318	P	×
()	tte	-	the	ouc
ž), O	Aft	00	바
S	o lo	8	5	Hec
E	pite	010	for	o
2	50	RE	hed	ept.
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after details. Pages 4 may	etoined by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in the first and direction; page	should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be if each an annual million at	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ITA	by	RA	de	Stot
JSP	P	NE	of p	he
H	Dine) FL	out	14
0	5	5	4	2

MPORTANT: If hem 21 is marked or hem 18 shows any injury, or other traumatic event, the medical exam and Mental Hygiene prior to bur

	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARY EALTH AND ICATE OF	MENTAL HY	REG. NO.					
		CEASED NAME OR PRINTS	FIRST		B.		AST ET.LY		November		2	26 HOU	7	
	3. SEX	x Female		RACE White	9	S. DATE C	DAY	1904	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER	24 HRS MIN.	
17		RTHPLACE (STATE (COUNTRY) D.C.		b CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER	MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH Ontgomery				MD.	
7	Ве	ethesda		SUBI	AME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NOT IN SUCHACILITY, GIVE STREET ADDRESS) SUBURBAN HOSPITAL			STITUTION	(TYPE OF WORK FOR MOSTO Clerica	F WORKING LIFE		Gov		
5	13a. S	ATHER'S NAME	20815 Montgomery Chevy Ch				YES 15. MOTHER	CITY LIMITS? NO R'S MAIDEN NA FIRST Alice	130. STREET ADDRESS 5480 Wiscome	onsin	Ave. Barre			
1		VAS DECEASED EV YES NO OR ANKNOWN)		AED FORCES? WAR OR DATES)	166 SOCIAL SECU 577-20-9	RITY NO.	17. INFORM	ANT	ADDRE		13.			
		Conditions, if o gove rise to icouse (o), site underlying conditions of the conditio	my, which immediate of the	DUE TO, C	r line for 10), 1b), on Cevet OR AS A CONSEQUI	ENCE OF	Arte	viosel	erosis		BETWEEN	MATE INTER	S-	
Sign	CERTIFICATION		2. OTHER SIGNIFICANT CONDITIONS CONT. ATE OF OPERATION 196. CONDITION						200 AUTOPSY?	20b. IF YES	, WERE FINDIN	NGS USEI	TH?	
9		210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY M	CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR								140	,	
1	MEDICAL	21d INJURY OCCU	WHILE WORK	(AT HOME, ST	OF INJURY REET FACTORY, OFFICE, I	FARM ETC)	21f LOCAT		CITY OR TOWN COUNTY STATE					

sow the deceased alive on obove, (1) (we) (did) (did no) view the body after death and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED 226 SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

22d. PHYSICIAN'S MAME (TYPE OR PRINT) Louis Ross, M.D.

5100 Wisc. Ave., N.W., Suite 400, Wash., D.C. 23c, NAME OF CEMETERY OR CREMATORY

23d LOCATION

Montross

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Burial 11/22/1982
14 FUNERAL DIRECTOR OS. Gawler's Sons, Nomini Baptist Church Cem. Inc.

236 DATE

250 DATE REC'D-BY REGISTRAR 256 100 2 6 1982

Virginia

DHMH - 16 50M 4/82

5130 Wissonsin Avenue, N.W.-Washington, D.C.

(VRA 15, 4)

BP.

THE RESERVE OF STREET

was loughout and a limit of the first of the

orthende SHEWHARM Workers ST. Tricol H. T. Bortz.

H. 20215 Long gray Truck Truck SASS Hacenata Wi.

dderne spil ddernid mad

No. 13. de 20. d

Delivery of the second of the

medel 12,22,1262 ... demic selection belong the manner of one man demice of the contract of th

m <i>E</i>		OR PRINT	WIDDLE	Enail	1000	20. DATE OF DEATH MOIN	TA TEAL 28 HOUR
y be		rrede	RICK Ke	SLAN	IKER	11/16/83	1301
p qq	3. SE	X	4. RACE	5. DATE OF 81		6. AGE TIN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN
o (1)		male	caucasian		22, 1899	83 years	
god .		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8	NEVER MARRIED	9. BALTIMORE CITY OR CO	
केंद्र हु हैं	Ne	wport News, Va.	U.S.A.	WIDOWED	DIVORCED [ry County,
s ofter death.	1	Cockville.	11. NAME OF HOSPITAL, NÜRS SUCHFACILITY, GMESTRI	SING HOME OR O	1 -1 10	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Lawyer	RKING LIFE) 12b. KIND OF BUSINESS C INDUSTRY U.S.GOVT.
24 havrn	13a.	AL RESIDENCE (IF NURS COU	oter Halling the give residence ber NTV 13c. CITY OR TO Washin	WN 13d	INSIDE CITY LIMITS?	13e. STREET ADDRESS 2131 O St	. N.W.
thin thin		ATHER'S NAME			MOTHER'S MAIDEN NA		
w p ple	1	dward Rich	ard Slanker		Louise	Corinne	McCullock
col col	16a. \	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SE	CURITY NO. 17	INFORMANT	ADDRESS	21207
ex ono		YES, NO OR UNKNOWN) (IF YES, GI	578-62	-12192 M	argaret Wie	gand Hamlet W.	Apt.40, Baltimore
that the de d by the att ease removi of, cremation		Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	QUENCE OF			
equires n signed Then ple r to buris injury, a	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NO	T RELATED TO THE TERM	MINAL DISEASE OR CONDITION	ON GIVEN IN PART 110
he law r an. has bee t permit	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION W	/AS PERFORMED		D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{\baseling} \text{NO} \(\text{\baseling} \)
CLAN: T g physici gertificate ial-transi ntal Hyg em 18 sh		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR	e. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN	ITEM 18. PART I OR PART 2)
G PHYSI offending er this ca s the burn and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		I. LOCATION STREET	CITY OR TOWN	COUNTY STATE
NDIN of or of the second of th		220.1 certify that (I) (this hasp	pital) attended the deceased from	Dec.6			, 19 <u>82</u> , that (I) (we) ke
Sprite CTO I for of th			n Nov 16. 19 of) view the body offer death.			death accurred an the date of	
the har I DIRECTORY IN THE HAR		22b. SIGNATURE	A U884,	MUTOR		MEDICAL STAFF DIRECTOR PHYSICIAN	D 16 MNB
PIT	9	22d. PHYSICIANYS NAME (TYPE	DEPPEND	22	e ADDRESS		IN B

FOR

REGISTRAR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/82 (VRA 15, 4)

The Hysong Co. 1300 N St. N.W. Washington, D.C.

23a. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

Mary Land Loudon Park Cemetery

Baltimore

REG. NO.

26 HOUR

when on cantage for a Th Low 13 years , . I. I. . St. S. Eff. X unof children the Manual Electric Stanfors Levise Certains the Manual Continue Rd L.C. woll Mensey Burns we to the second of the second

	1-	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYGICATE OF DEATH	REG. NO	2. o.	9 5	
	(TYPE	CEASED NAME E FIRST	Abeth TIBB.	ALS S	MALLMAN	20. DATE OF DEATH ON RIB	MONTH DA	0,19125	HOUR OSA M
P	3. SE.		W. RACE	MONTH	UG 19, 1917	65			URS MIN.
9		RTHPLACE (STATE OR FOREIGN COUNTRY) F(W V() R K	76. CITIZEN OF WHAT COUNTRY?	8. MARRIE	NEVER MARRIED DI	9. BALTIMORE CITY O	-	neus Co	wy MD.
8	10. C	Solver Spring	11. NAME OF HOSPITAL, NURSING (IF NOT INSUCH FACILITY, ODE STREET	ADDRESS)		12a USUAL OCCUPATION OF WORK FOR MOST OF RESEARCH	F WORKING LIFE)		SINESS OR
35	13a. S MA1	RVIAND MONTO	OTHER INSTITUTION, VIVE RESIDENCE BEFORE 134. CITY OR TOW GOMERY WHEATON	N	13d. INSIDE CITY LIMITS? YES XX NO 15. MOTHER'S MAIDEN NAM	13e. STREET ADDRESS 2712 HEN	DERSON	AVENUE	2090
50	14. F/		FOSS TIBBALS		FIRST DOROTI	MIDDLE		CAMP	
2		WAS DECEASED EVER IN U.S. AR			17. INFORMANT SON ROBERT T. SI			3RD STRE WISCONSI	
injury, or office froomonic even	ION	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT C	E CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO I		he break in				us
2	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS ING CAUSES OF I	
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED ON TWHILE AT WORK AF WORK	HOUR A.M. MONTH DA	AY YEAR 19	21c. HOW INJURY OCCURR 21l. LOCATION 5TREET	ED (ENTER NATURE OF INJUI		COUNTY	STATE
If Bem 41 is mo		22a.1 certify that (1) (this haspi saw the deceased alive an abave, (1) (we) (did) (did no THE SIGNATURE	tol) ottended the deceosed from		nd that in (our) opinion of DEGREE ATTENDING PHYSICIAN ID	death accurred on the do	ate and hour o	22c. DATE SIGN	es stated NED
Targe A		22d. PHYSICIAN'S NAME (TYPEO	Perry		22e ADDRESS	MARYLAND	based		
		BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION			EMETERY OR CREMATORY LITAN CREMATO	R CHATEXAN	IDRIA	COUNVIRGIN	ITATATE

DEC 3

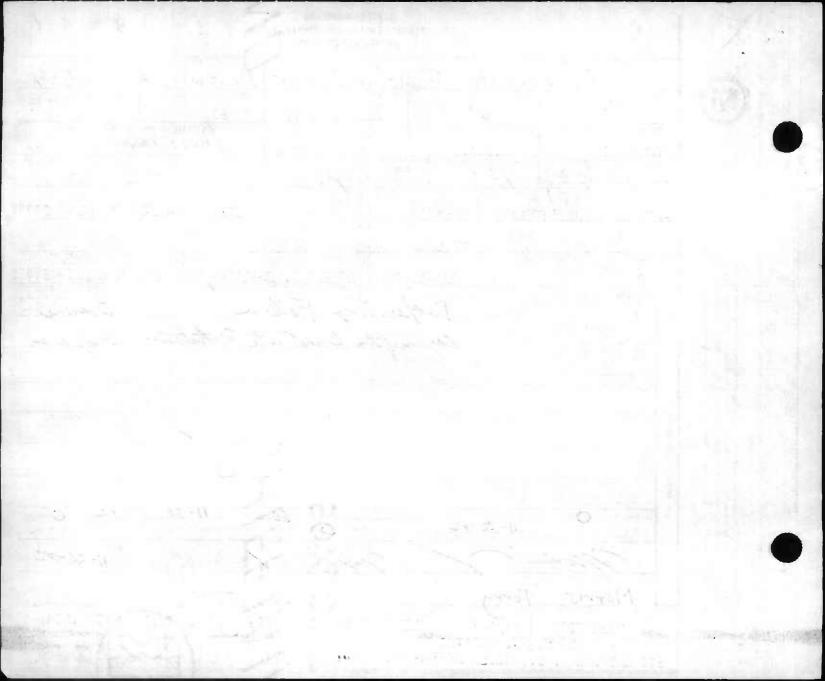
24 FUNERAL DIRECTOR FRANCIS J. COLLINS 500 UNIV.BLVD., W., SILVER SPRING, MD. 20901

STATE OF MARYLAND

DHMH - 16 50M 4/82 (VRA 15, 4)

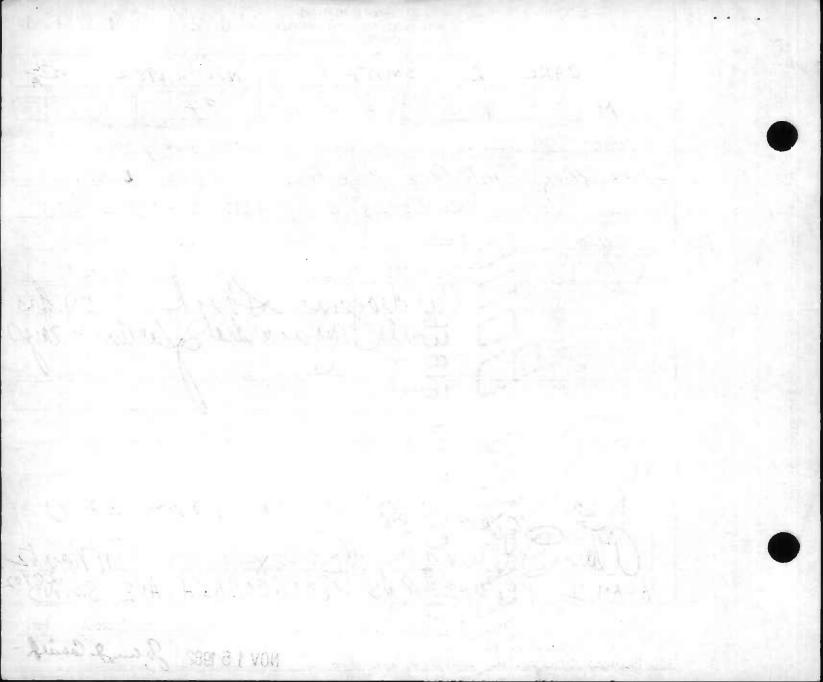
TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.



()		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.											
2		PREASED NAME CARL	R.	SMIT	H .	Nev II	NTH DAY YEAR										
3.	SEX	Mala	RACE White	S. DATE O	PE BIRTH DAY YEAR J	6 AGE (IN YEARS LAST BIRTHD.	MONTHS DAYS										
E) M	C	THPLACE (STATE OR FOREIGN 7 DUNTRY) N JETSEY	b. CITIZEN OF WHAT CO	DUNTRY? 8. MARRIEE WIDOWE	NEVER MARRIED	W T											
		VORTOWN OF DEATH	1. NAME OF HOSPITAL		ROTHER INSTITUTION	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WI Electrician	ORKING LIFE) INDUSTRY										
36 3	la. Si Ma	ryland Montg	TY 13c. CITY	or town ver Spring	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 711 Guilfor											
60	FA	uberta "	Smi	th	15, MOTHERS MAKDEN N Martha	AMÉ MEDIE J.	Park										
medical life	(9)		WAR DEDATES	16-6111	Georgia Glor	ADDRESS tia Smig th Wif	e Same as										
W.		Conditions, if any, which gove rise to immediate cause in stating the underlying couse last PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CO	hat constraint	SOT RELATED TO THE TER	MINAL DISEASE ORCONDITI	ON GIVEN IN PART II										
0	TIFICATION	RTIFICATION	RTIFICATION	RTIFICATION	RTHCAHON	RTIFICATION	RTIFICATION	REFEC	RTIFICATION	RTIFICATION	EKTIFICATION	96 DATE OF OPERATION	I & CONDITION FOR	WHICH OPERATION	WAS PERFORMED		A FYES, WERE FINDS
7						YESTI NOTI	CERTIFYING CAUSES										
1.00		THE ACCIDENT WAS DISDERIVING OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF ETHER NOTIFY MEDICAL FRANKES	HOUR A.M. MON	NTH DAY YEAR	SIF HOM INJUST OCCU	The second secon	YES 🗌										
MEDICAL CENTRE		OF CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MON	19 Y	211. HOW INJURY OCCUP 211. LOCATION 178E1	YES NO	YES 🗌										
1.00	THE PARTY OF	OF CONTRIBUTING CAUSE OF DEATH (# EITHER NOTES MEDICAL FRANCES) THE INJURY OCCURRED	HOUR A.M. MON P.M. ITE PLACE OF INJUR LET PACTOR	Y CHICE HARM ETC.)	211 LOCATION	RRED (SHITER NATURE OF PAULES OF	YES [] ITEM IS PART LOREAST 23. COUNTY.										
1.0	THE PARTY OF	OR CONTRIBUTING C CAUSE OF DEATH OF FITHER INDIFFERENCES, FAMILIES, THE INJURY OCCURRED WHAT C MOTUMES C	HOUR A.M. MON P.M. ITE PLACE OF INJUR LET PACTOR	Y CHICE HARM ETC.)	211 LOCATION	RRED (SHITE NATURE OF PULLER OF	YES [] ITEM 18 PART 1 OF FART 2] COUNTY 19 2 2 and hour and from the										
MPCK (AN) IT then 2 I is marked on them	The state of the s	OP CONTRIBUTION COLOR CAUSE OF DEATH FETTHER INCITES MEDICAL FRANKERS THE INJURY OCCURRED WHAT I MADE IN THE INTURY INCIDENT TO I CERTIFY THAT IN THIS HOUSE ON OWN (I MAN I SHAPE IN THE INCIDENT IN T	HOUR A.M. MON P.M. ITE PLACE OF INJUR LET PACTOR	of from 87 d fro	211 LOCATION 1075EE 19 d that in an our opinion DEGREE ATTENDING	RRED (SHITE NATURE OF PULLEY OF TOWN) TO HAND A SEOTH OCCUPYED ON THE GODE OF THE STAFF DIRECTOR PHYSICIAN EO ROLL A	YES [] ITEM 18 PART 1 OF FART 2] COUNTY 19 2 2 and hour and from the										

STATE OF MARYLAND



requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician

	1-	FOR STATE	DEPARTN	NENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	2	9 8	19
		REGISTRAR				REG. NO			
		OR PRINTELE A	Marie <	5MI	TH-	20. DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR
	3. SEX	Female	w hite	5. DATE C		6. AGE TIN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
)		RTHPLACE (STATE OR FOREIGN 76 OUNTRY) NNS YLVANIA	U.S.A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Montagmery		OF DEATH	MD.
1		TY OR TOWN OF DEATH 1	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A 3203 Janet Road	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF	NO	12b. KIND O INDUSTRY	F BUSINESS OR
1	13a S		THER INSTITUTION GIVE RESIDENCE BEFORE Y 13c. CITY OR TOWN	ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 3203 Jane	t Road		20906
4	14 FA	THER'S NAME FIRST John	IDDLE LAST Chiska		15. MOTHER'S MAIDEN NAME FIRST ELizabe	MIDDLE		Koroz	
1	(Y	/AS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES) 166 SOCIAL SECUL		17. INFORMANT Steve William	ADDRE		Same of	
		PART I. DEATH WAS CAUSED Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.			Pleone			18	MATE INTERVAL PASET AND DEATH
	NO	PART 2 OTHER SIGNIFICANT CO	DINDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	inal disease or coni	DITION GIVEN	N IN PART 110	
)	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY! YES	WERE FINDINING CAUSES	OF DEATH?
)		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUS	Y IN ITEM 18 PAR	T OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a certify that (I) (this haspital sow the deceased alive on abave, (I) (we) (did) (did not)	150ber 6 198	MARCE 2_, or	nd that in (my) (our) apinion o	eath occurred on the do	ite and haur o		that (I) (we) last couses stated
		22b. SIGNATURE	- Se sine	4	DEGREE ATTENDING PHYSICIAN	MEDICAL STAP		11/10	1/12
		Edgar H. A	FILLIN NI.D		22e. ADDRESS 863	SORINO	nu S	7. 4	230

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached far use as the busial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled within 72 with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked ar them 18 shaws any injury, ar ather traumatic event, the medical

Capified of once

DHMH - 16 50M 4/B2 (VRA 15, 4)

24 FUNERAL DIRECTOR Francis J. Collins DDRESS 500 University Blvd. W Silver Spring. Md.

23b. DATE

.13.1982

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

BURIAL

Gate of Heaven

23c. NAME OF CEMETERY OR CREMATORY

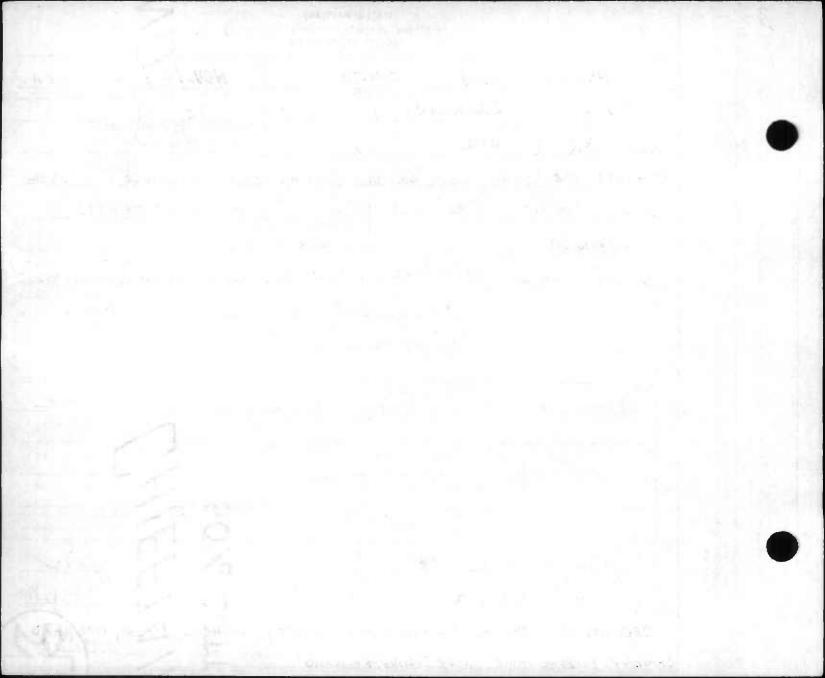
23d LOCATION
CITY OR TOWN
SILVEY Spring

Mont.

Md.

5 1982

3	Ĺ	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 2 2 REG. NO.	9820
s 05		CEASED NAME FIRST	MIDDLE	SMITH	20. DATE OF DEATH MONTH DA	2
poogs of desp	3. SE	HYMAN ×	NMN 4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS
1 N 1		MALE	CAUCASIAN	11 25 03	78 YRS MG	DNIHS DAYS HOURS MIN.
earth Po		IRTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	P. BALTIMORE CITY OR COUNTY OF MONTGOMERA	
by the transfer of the transfe	10	OCKVILLE MO	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION T ADDRESS) ADVIANTST HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) SHEET METAL WORKED	
24 hou ould be filled in	USU 130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION) VN 134. INSIDE CITY LIMITS?	130. STREET ADDRESS 95 DAWSON NU	
mpletely ond 2 sh	14 F	ATHER'S NAME FIRST LN KNOWN	MIDDLE LAST	15. MOTHER'S MAIDEN NA FIRST	WE	LAST
be execut on ond co		WAS DECEASED EVER IN U.S. AR	VE WAR OR DATES) 1120950	The state of the s	ADDRESS 12413 GG	DLDFINCH COURT MARYLAND
g physicia g physicia conpoper removal.		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), or iD BY: TE CAUSE (a) Septic			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e death ce e ottendin move corb notion, or i troumatic		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUE		N	7
s that the ed by the olease ren rial, crem or other t		cause (0), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	JENCE OF		
signe Then p to bur	NO	Chunic Ob	conditions contributing to	mone disease	MINAL DISEASE OR CONDITION GIVEN	prostate
he low re on. hos beer t permit ene prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICE	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, NIN CERTIFYI	WERE FINDINGS USED ING CAUSES OF DEATH?
SICIAN: The ng physicior certificate hural-transit pental Hygier feem 18 show		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH D	PAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T T OR PART 2)
DING PHYS or ottending After this ci e os the bur alth and Me morked or it	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN or or o		220.1 certify that (I) (this hospi	ital) attended the deceased from	10/4, 19 82 , and that in (my) (our) opinion	death occurred on the date and hour of	, that (i) (we) lost and from the causes stated
TTAL OR A pay the hosp by the hosp transfer a detoched is state Dept.	4	228 SIGNATURE	Ms Dent	DEGREE ATTENDING OF PHYSICIAN IS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
OSP ed l d be		JOHN R.	mehich	1620 Free	1. 1 2 1 1	aithers Lung, Me
Tetoin Shout With		BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		CREMATION	NOV. 2 1982 CE	DAR HILL CREMATORY	SUITZAND, P.G.CO	D. MARYLAND
DHMH - 16 50M 4/B2 (VRA 15, 4)		UNERAL DIRECTOR NAME HAMBERS FULLERA	- HOME SILVER SP	PLACE Almerican	FRECD. BY PEGISTRAN 296, PEGISTRA	a coming
		יייווערכו ז אייבועור	THE DIEVER OF	FING, MINEYLAND	V	



completely filled in by

corbon popers. Poges 1 the ottending physicion and

njury, or other troumotic

morked or them 18 shov

should be detoched for use os the buwith the State Dept. of Health and MulmPORTANT: If them 21 is marked or i

urial-transit permit. Then please tental Hygiene prior to burial, cri

TO FUNERAL DIRECTOR: After this certificate has been signed by

ottending physicio

ATTENDING

STATE OF MARYLAND DED A DYMENT OF HEALTH AND MENTAL HYCIENE

1	FOR - STATE REGISTRAR			F HEALTH AND MENTAL HY	GIENE 8 2 REG. N	0.	9 8 2	1
(1)	YPE OR PRINT)	Kinley	MIDDLE	mith, Sr.		MONTH DAY	0,1982 54	24
3. 5	Male Male	Black		E OF BIRTH DAY YEAR ONTH DAY OB	6. AGE (IN YEARS LAST BIL		UNDER 1 YEAR IF UNDER 2.	MIN.
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) outh Carolina	100	States WIDO		MONTO		FDEATH	MI
10(ITY OR TOWN OF DEATH		HOSPITAL, NURSING HOM PRACTURE GIVE STREET ADDRESS)	tosp Jal	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C Cab Driver	OF WORKING LIFE)	126. KIND OF BUSINES	SOF
13a	UAL RESIDENCE	in Ty	GIVE RESIDENCE BEFORE ADMISSION IN COLOR TOWN COLOR TOWN	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13. STREET ADDRESS 59 Ranger	Drive		
1	pather's NAME braham Smith	MIDDLE	Smith	Florrie	AME		Brelan	
160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	251 01 3387	McKinley Smi	th,Jr. 3202			
	Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost.	DUE TO, O	Ine focio), (b), ond icul ACTIC RAS A CONSEQUENCE OF SHOCK RAS A CONSEQUENCE OF				APPROXIMATE INTER- BETWEEN ONSE! AND D 2 Sury 2 Lary	2 2
CERTIFICATION		enal Fo	ONTRIBUTING TO DEATH E	OUT NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, V	VERE FINDINGS USED NG CAUSES OF DEATH	1?
	OR CONTRIBUTION CAUSE OF D	CAIN	M. MONTH DATE	21c. HOW INJURY OCCUP 9	RED (ENTER NATURE OF INJU	YES [
MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE (AT HOME, ST	OF NJURY REET, OFFICE, FARM ETC	211. LOCATION STREET	CITY OR TO)WN	COUNTY 514	TE
	22a.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did no 22b. SIGNATURE	11- 30	19 82	, and that in (my) (our) opinion			224. DAJE SIGNED	
	22d. PHYSICIANS NAME (TYPE	ORPRINTS NO BI	955	MD ATTENDING PHYSICIAN) 22e. ADDRESS 3929 FEVE	MEDICAL STA DIRECTOR PHYSIC	/heaton	11/30/50	6

DHMH - 16 50M 4/B2

24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY FIELDING FUNERAL HOME

CHARLESTON, S.C.

STATE

250 DATE REC'D. BY REGISTRAR BY REGISTRAR OSICON

(VRA 15, 4)

· ~ ([] alse likels rt . oline fritse tet s i - vir s Arrieton x noteries oimolf ditt dit a moderni

10/1/co SIEDLE DIEWE EXA OFFERED, N.C.

251 01 33 7 clinle, Whith, Jr. 3002 Whether ord

	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 9 3 2 2 REG. NO.					
page 3 r death		CEASED NAME FIRST	rman F. Smith		LAST	20. DATE OF DEATH MONTH DAY YEAR 2 26 HOUR 32.32	
fter o	3. SE	X	4 RACE	5. DATE	OF BIRTH TH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
		Male	White	Feb	4	49 YRS	
M	2	IRTHPLACE (STATE OR FOREIGN COUNTRY) Marvland	U.S.A.	MARRI		9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery MD.	
109		Olney	Montgomery	Mon'tgomery si General Hos		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING ACCOUNTANT	12b. KIND OF BUSINESS OR INDUSTRY Turf Farm
filled in hould be	13a.	Md. Mor	NE OR OTHER INSTITUTION, GIVE RESIDENCE BOUNTY 13c. CITY OR 1 Tagomery Gaithe	OWN	13d. INSIDE CITY LIMITS? YES MO	13. STREET ADDRESS 504 Laytonsvi:	lle Rd. 20877
Sound Sound	14. F	ATHER'S NAME FIRST John I	Rhinehart Smi	th	15. MOTHER'S MAIDEN NA Catherin	WIDDLE	Grimm
s. Pages	160 \	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT 2A ADRESS THAN Rd. (IF YES, GIVE WAR OR DATES) 217-30-0072 Carolyn L. Booth Burlington, Mass. 01803					
removal.		PARTI. DEATH WAS CA	r only one couse per line (a), (b USED BY: DIATE CAUSE (a)	ond ic	aust		APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
tove carb ation, or raumatic		Conditions, if any, which gave rise to immediate	(b) Refu	ulid.	lug deven	e •	1980
ease remail, cremail	rion	underlying couse lost.	DUE TO, OR AS ACONSE	hi sa	V	fental	
Then plants to bur injury, or		Pur ple	VI CONDITIONS CONTRIBUTING	edu 1	restitut ungo	MINAL DISEASE OR CONDITION G	WEN IN PART TO
it permit	CERTIFICATION	MATE OF OPERATION	the second secon	10H OPERATIO	ON WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED OF YING CAUSES OF DEATH? VES NO
ind-trans		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUDY IN ITEM 18	PART I OR PART 2)
s the bu h and Me rked ar	MEDICAL	21d INJURY OCCURRED WHILE AT WORK AT WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY OFF	TĈE, FARM, ETC J	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
far use of Healt		22a 1 certify 1) (this ha	ospital attended the deceased from 1970			death accurred on the date and ha	our and from the causes stated
detoched ate Dept.		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN					
shauld be with the St.			ENGOLD, MI	٥,	22e ADDRESS		
- 5 3 <u><</u>	23n. i	RIAL, CREMATION, REMOV			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNT
	24 54	Burial			Oak Cemetery	Gaithersburg.	Montecalla
5 50M 1/81 15, 4)		artner Sandisc	on F.H. Gaither	Diamosburg,	ond Ave. No. 250. DAT	FREC'S 5 1982 AR 22	CONTRACTOR .

STATE OF MARYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

The state of the second st

tely filled in by the funeral directions.

STATE OF MARYLAND

Maryland

1.	FOR STATE REGISTRAR		DEPARTN		FICATE OF DEATH	REG. N	10	. 7	D Ga	
	CEASED NAME FIRS	51	MIDDLE		LAST	2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HO	UR
[177	MART!	HA		SNE	TIKER	NOVEMBER 2	1. 19	82	8:	35PM
3 SE		4 RACE		5 DATE O		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 Y		ER 24 HRS
F	emale	White		Augu	st 12, 1970	72	YRS.	MONTHS 0/	YS HOURS	MIN
	IRTHPLACE (STATE OR FOREIGN	U. S.	A.	MARRIE WIDOWI	D NEVER MARRIED	Montagmen	_	Y OF DEATH		MD
100	ity or town of death nsington	LIF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS1	or other institution lussing Home	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWLY	PON OF WORKING LI	FE) INDUST	DOFBUSIN RY L Home	
Fl	AL RESIDENCE (IF NURSING H STATE Orida Po	ome or other institution county. Um Beach	ONE RESIDENCE BEFORE 13. CITY OR TOWN DELTAY B		134 INSIDE CITY LIMITS?	Brittany	B-#77			
14. F.	Motel	MIDDLE	Stohl		Friadl	WIDDLE			ravit	z
	WAS DECEASED EVER IN U YES, NO OR UNKNOWN) (IF YI	S. ARMED FORCES? ES, GIVE WAR OR DATES)	112-26-3		Morris Sneti		tany B y Bea	-#77 ch. Fl	Corida	
	Canditians, if any, whi gave rise to immedia	DUE TO, O ch he DUE TO, O DUE TO, O	Metas	Lace OF	a of the co	lan Dest Den	alie	W	ROXIMATE INT LEN ONSET AN 14 TB	<u>H05</u>
rion	PART 2 OTHER SIGNIFIC		DIAL	tele	Wellitte	NINAL DISEASE OR CON				
CERTIFICATION	190 DATE OF OPERATION	1% COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	YES NO	IN CERTI	S, WERE FIN IFYING CAU ES		ATH?
	21a. ACCIDENT WAS UNDERLYED OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A.	FINJURY M. MONTH DA M.	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18,	PART I OR PART	2)	
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE (AT WORK	LAT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY		STATE
		11	. 19 19	10 Z.	nd that in (my) (aur) apinipn	death accurred on the d	late and ha		the causes s	(we) last stated
	22b. SIGNATURE	est He	Die	Chora		MEDICAL STA		11	24 G	32
	Albert Gr	collman, M	. D.		1106 Spring	Street, Si	lver:	Spring	, Mar	ylan

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR

MPORTANT: If It should be detache with the State De

232 Carroll Street. N. W.

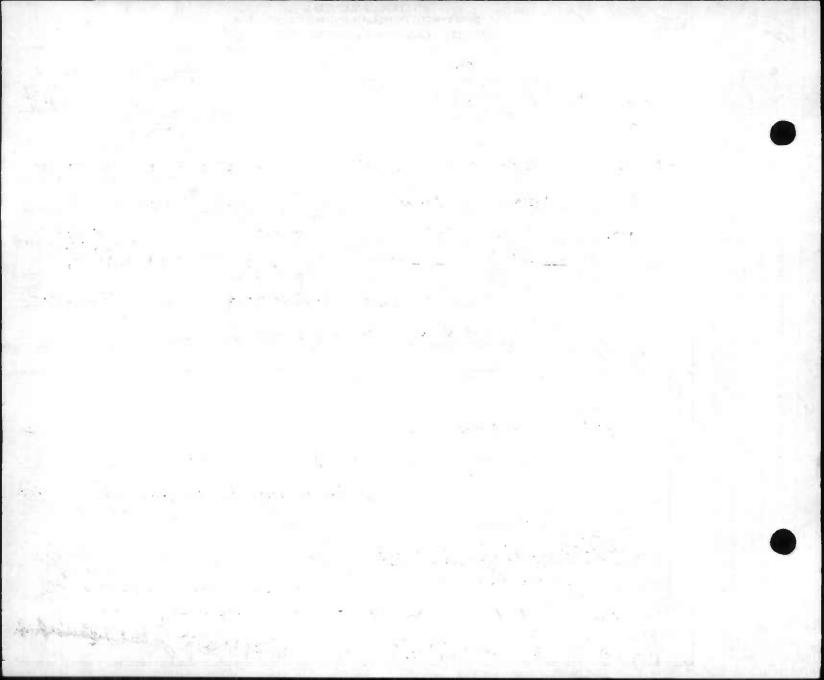
Washington. D. C.

11/23/1982 Star Of David Memorial Tamarack Broward, Florida

14 FUNERAL DIRECTOR Donald M. Stein Hebrew Memorial F.H. 250 DATE REGISTRAR 25 UP STATE OF DATE REGISTRAR 25 UP STATE DATE REGISTRAR 25 UP STATE DATE REGISTRAR 25 UP STATE DATE REGISTRA

and the summer of

541	11-	FOR STATE REGISTRAR			EPARTMENT C	F HEALTH	ARYLAND AND MENTAL H ERTIFICATE O	(3)	Z REG.	2	9 8	3 2	4
1	1. DE	CEASED NAMI	June		D.		Solomon	20. DA O DEA	TE KNOWN	MONTH	0	YEAR	2b. HO
A STREET	3 SE)	ema l e	4. RACE white	5 DATE OF BIRTH	1923 6. AGE (III	YEARS IF UN THDAY) MONTH YRS.	DER 1 YR. IF UNDER	MIN PRON	ATE OUNCED E AD	MONTH	DAY 10	YEAR 1982	20 HC
NECESS FUNERAL S FOR WITH W. PREST	FC	RTHPLACE (S		76. CITIZEN OF WH		WIDOW		ED 🔲		bo mer	cy		
DELAY IS TO THE N PAGE SE FILED	P	otomac		11609 Ga	PITAL, NURSING HO	h Road	er institution	12a. USUAL OC FOR MOST OF Self	emple	yed c	ress	INDUSTR	Υ
IF ANY E AND 3 SHOULD RECORD	13o. S	Marylar	nd Mon	r other institution, Giv iY tgomery	13c. CITY OR TOWN Potoma	N		13e STREET AD	DRESS Gains	borou	gh Ro	oad	
URS AFTER DEATH. 3. GIVE PAGES 1, 2 WITH FORM PM. PAGES 1 AND 2 DIVISION OF WITH	16a. V	THER'S NAME FIRST Lero VAS DECEASE ES, NO. OR UNKNO Yes	DEVER IN U.S. ARA		Diehl 166. SOCIAL SECU 297⊶16⊶7		15. MOTHER'S MAIDE Margar 17. INFORMANT Linda S.	et		est Ea	ago,		nis 606
E EXECUTED WITHIN 24 HOUR JING". IN PENCIL IN ITEM 18. (DICAL EXAMINER ALONG W 5 A BURAL-IRANSIT PERMIT. PH. AND MENIAL HYGIENE, DIN ATION, OR REMOVAL.	Z	Condition gove ris couse (o) lying cou	ATH WAS CAUSED IMMEDIAT Ins, if ony, which is to immediate is stating the under- use lost.	E CAUSE (o)	M YOCAM AS A CONSEQUENCE PRONAMY AS A CONSEQUENCE	CE OF	INFAN ERIOS CUE OR CONDITION GIVEN IN PAI	KOIS	15-4-9- and shown		BETWE	PROXIMATE EEN ONSET	AND DE
E. THIS CERTIFICATE SHOULD B E. WRITING THE WORD "PEND RWARDED TO THE CHIEF ME F. PAGE 3 SHOULD BE USED AS STATE DEPARTMENT OF HEALT 21201 PRIOR TO BURIAL, CREM.	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTION 21d. INJURY C	ACCAUSE WAS OR NG CAUSE OF D	21b. TIME OF HOUR A.M. P.M.	MONTH DAY Y	PASS EAR 21c. HC	ow injury occurre	Beder	DE INJURY IN STEM	A 18 PART I OR P	YE	UTOPSY?	NO STAIN
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FOR TO FUNERA DIRECTOR. PAFER DEATH, WITH THE SIS BALTIMORE, MARYLAND, 21	23a. Bi	deoth results ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRIM	NAME Fr	ancis C. A	Accident ,	Suicide M.	Homicide TITLE (SPECIFY) D. DET ADDRESS 200 W. R CREMATORY	MEDICAL EX	AMINER ALL ON	ond in my o	Ves D.	101	18
DHMH - 17 (YR A15 ME (5)) 30M 7/73				11/12/82 Funeral Pike Rock	Metro	politan	Crematory	REC'D. BY REGIS	tandria 182 256. FI			STA	4



death

campletely filled in by the and 2 should be filed w

please remave carban papers. Pages 1 injury, or other traumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached far use as the burial-transit permit. Then please remave carban pape with the State Dept- of Health and Mental Hygiene prior to burial. cremation, ar removal

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

etained by the haspital or attending physician.

may be

REGISTRAR

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DEC NO

	Anna		C.	Sol	± .	Novembe			YEAR	2b. HO
3. SEX	Witness	4 RACE	0.	5 DATE O		6 AGE (IN YEAR			DER I VEAR	IF UNDE
Female		Whit	e	MONTH	1 1, DAY 1895	87		MONTH!		HOURS
0. BIRTHPLACE	(STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	? B.	□ NEVER MARRIED □	9 BALTIMORE	CITY OR COL	UNTY OF D		
Pennsyl		U.S.		WIDOWE	DIVORCED [1	gomery	Count	ty	6
Bethese	la 🖖 💮	Subur	ban Hosp	ital	R OTHER INSTITUTION	120 USUAL OCI	RMOST OF WORK	ING LIFE) IN	KIND OF DUSTRY Educa	tio
USUAL RESIDEN 130 STATE Marylar	13b. COURT Mont		13c. CITY OR TOV	WN	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADD	DRESS	p Code d Road		090
Milton		WIDDLE	Cole		15. MOTHER'S MAIDEN NA		NIDDLE	1	rine	
16a WAS DECE (YES, NO OR UN NO	ASED EVER IN U.S. AR	RMED FORCES? VE WAR OR DATES)	009-26-		17 INFORMANT Schisler Fu	neral Ho	ADDRESS 2			
	ns, if any, which	(b)_	PAS A CORSEON	-RAL	ARTO	RIVE	1Ros	11	700	AR.
gave ri cause underlyn	se to immediate o), stating the og cause last.	(b) DUE TO, O	RAS A CONSEDI	AR	TERIOS (NOT RELATED TO THE TERM	1/OR	osi	5	PART 1	R
gave ri cause underlyn	se to immediate (a), stating the age cause last.	DUE TO, O	PR AS A CONSECU-	DEATH BUT P	TERIOS	1/OR	R CONDITION Y? 20b.	5	RE FINDING	GS USE PF DEA NO [
PART 2 CO	SE 10 immediate (O), stating the page cause lost. OTHER SIGNIFICANT (OF OPERATION ENT WAS UNDERLYING BUTING AUSE OF DE. NOTIFY MEDICAL EXAMINE!	DUE TO, O CONDITIONS CO 196 COND 196 COND ATH HOUR A P.	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M.	DEATH BUT I	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR	AIN AL DISEASE O	R CONDITION Y? 20b. IN C	IF YES, WER	RE FINDING CAUSES C	FDEA
PART 2 CONTRIBUTION OR CONTRIB	OF OPERATION ENT WAS UNDERLYING BUTING CAUSE OF DE. NOTIFY MEDICAL EXAMINE! NOT WHILE ALL WORK	(b)	ONTRIBUTING OF INJURY M. MONTH D M. OF INJURY REEL FACTORY, OFFICE.	DEATH BUT P	TERIOS (NOT RELATED TO THE TERM WAS PERFORMED	200 AUTOPS YES N RED (ENTERNATURE	R CONDITION Y? 20b. IN C	IF YES, WERET IFYING YES AMIB PART LO	RE FINDING CAUSES C	FDEA
PART 2 CONTRIBUTION OR CONTRIB	SE 10 immediate (O), stating the pg couse lost. OTHER SIGNIFICANT (OF OPERATION ENT WAS UNDERLYING BUTING CAUSE OF DE. NOTIFY MEDICAL EXAMINE BY OCCURRED	DUE TO, O (c) 19b COND 19b COND 19b COND 19b COND 21b TIME C HOUR A R) P. 21e PLACE (AT HOME ST	ONTRIBUTING O	DEATH BUT P	NOT RELATED TO THE TERM N WAS PERFORMED 211. LOCATION STREET 19 11. LOCATION STREET ATTENDING	200 AUTOPS YES N RED (ENTER NATURE) deoth occurred o	R CONDITION Y? 20b. IN C IN C IN C ITY OR TOWN STAFF	IF YES, WERERTIFYING YES MIB PART 10	RE FINDING CAUSES C	NO [
WED THE SOW THE SING SOW THE SI	SE TO immediate (10) storing the processed to	(b) DUE TO, O (c) CONDITIONS C. 19b COND 19b CO	ONTRIBUTING OO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REE1 FACTORY, OFFICE.	DEATH BUT IT	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET 19 LINGTON INJURY OF INDICATION STREET	200 AUTOPS YES N RED (ENTERNATURE) death occurred o	R CONDITION Y? 20b. IN C IN C IN C ITY OR TOWN STAFF	IF YES, WERERTIFYING YES MIB PART 10	RE FINDING CAUSES C R PART 2) DUNTY from the co	NO

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

F. Gasch's Sons F.H. P.A. Hyattsville, Md.

remarks thite tests at the content of the content o

. Henricon time to orthorn ten, m.

Marial Yov. 17,1082 From Countern

. Omedis Sons T.H. D. W. Hyntserille, Nd.

)	deoth.	
	ors after	
	hours	
	24	
	within	
	ficate be executed within 24 hou	
	Pe	
	erhitcate	
	deoth c	
	the t	
	that	
	requires that the deoth cert	
	30	
	The	CION.
	TO HOSPITAL OR ATTENDING PHYSICIAN:	or affending physi-
	PHYS	endine
	SN	r aft
	N	lo lo
	ATTE	retained by the hospital
	OR	he h
	TAL	14 4
	SPI	P
	H	aure
	0	ret

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

Poge 4 moy be

		CEASED NAME FIRST	,	WIDDLE		LAS1	20 DATE OF DEA	TH MONTH	DAY	YEAR	2b. HO
	(TYPE	Gertr	ude		S	orkin		11	28	198	2]
1,0	3. SE		4. RACE	S. E.	5. DATE (6 AGE (IN YEARS L	AST BIRTHDAY)	MON1H5	RIYEAR	IF UNDER
10.1		emale	White		Marc	h 15, 1901	81	YRS			
97	- 0	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE C		ITY OF DE	ATH	
1		SSTA ITY OR TOWN OF DEATH	U.S.A.	HOSPITAL, NURSIN	WIDOWE NG HOME C	DR OTHER INSTITUTION	120. USUAL OCCI		126.	KINDO	F BUSIN
21		Olney				l Hospital	Homemak	er	StIFE) IND	USTRY	
23	Pe	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR NNSYlvania Muff	VIY	GIVE RESIDENCE BEFORE 13t. CHTY OR TOW Lewiston	/N	13d INSIDE CITY LIMITS? YES XX NO [13e STREET ADDR		tree	t (1704
24		THER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN NAM	ME MID	DLE		LAS	
11	_	mon	MED FORCECO	Goldber		Leah 17 INFORMANT		De RESS	Gla	SS	
1	N	VAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)				Rockvi'	rre, Ma	rylai	nd 2	0853
~	14	0 1		170-50-1	.533	Alan Furst;S	on-In-Lav	w;501/	Ratt	in B	AY:
ather traumatic eve		Conditions, if ony, which gove rise to immediate cause (o), storing the underlying cause lost.	(b)	R AS A CONSEQUI	w	ol Demor	rhas	2			
ury, or ather traumatic eve	Z	Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OF	R AS A CONSEQUI	ENCE OF		8	CONDITION	BIVEN IN I	PART No	
injury, or ather traumatic eve	IFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.	DUE TO, OF	R AS A CONSEQUI	ENCE OF		INAL DISEASE OR	20b. IF	YES, WERE	FINDIN	IGS USE OF DEA
8 shows ony injury, or ather traumatic eve	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OF	R AS A CONSEQUI	ENCE OF DEATH BUT OPERATIO	NOT RELATED TO THE TERM	INAL DISEASE OR 200 AUTOPSY: YES \(\text{NO} \) NO	20b. IF IN CER	YES, WERE	FINDIN	IGS USE
em 18 shows ony injury, or ather traumatic eve		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (O) 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE.	DUE TO, OF (c) CONDITIONS CO	R AS A CONSEQUI	ENCE OF DEATH BUT OPERATIO AY YEAR	NOT RELATED TO THE TERM	INAL DISEASE OR 200 AUTOPSY: YES \(\text{NO} \) NO	20b. IF IN CER	YES, WERE	FINDIN	IGS USE OF DEA
l or Item 18 shows ony injury, or ather traumatic eve		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTHEY MEDICAL EXAMINER 21d. INJURY OCCURRED	DUE TO, OF OF THE TOTAL TIME OF THE TOTAL ALTH PLACE (TO TOTAL THE	R AS A CONSEQUI	DEATH BUT OPERATIO AY YEAR 19	NOT RELATED TO THE TERM	200 AUTOPSY: YES NO ED (ENTER NATURE C	20b. IF IN CER	YES, WERE TIFYING (YES]	FINDIN	IGS USE OF DEA
orked or Item 18 shows ony injury, or ather traumatic eve	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINES)	DUE TO, OF OF THE TOTAL TIME OF THE TOTAL ALTH PLACE (TO TOTAL THE	R AS A CONSEQUI	DEATH BUT OPERATIO AY YEAR 19	NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCURS	200 AUTOPSY: YES NO ED (ENTER NATURE C	20b. IF IN CER	YES, WERE TIFYING (YES]	FINDIN AUSES PART 2)	IGS USE OF DEA NO [
is morked or Item 18 shows ony injury, or ather traumatic eve		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (O) 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINES OF DEAL CONTRIBUTING OR C	DUE TO, OF (b) DUE TO, OF (c) 19b CONDITIONS CO 19b CONDITIONS CO ATH P. / 21e PLACE ((AT HOME, STR	R AS A CONSEQUID ENTRIBUTING TO I	ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM.EIC)	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCURF	200 AUTOPSY: YES NO ED (ENTERNATURE C	20b IF IN CER	YES, WERE TIFYING C YES 1 8 PART I OR	FINDIN AUSES	IGS USE OF DEA NO
m 21 is marked or Item 18 shows ony injury, or ather traumatic eve		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINET AT WORK NOTIFY MEDICAL EXAMINET AT WORK NOTIFY MEDICAL EXAMINET OF THE CONTRIBUTION (II) while hosping at the deceased of the opposed (I) (we) (Idid) (did not opposed (I) (we) (Idid) (did not opposed (I)) (we) (Idid) (Idid not opposed (I)) (Idid) (Idid) (Idid not opposed (I)) (Idid) (I	DUE TO, OF (b) DUE TO, OF (c) 19b CONDITIONS CO 19b CONDITIONS CO ATH P. / 21e PLACE ((AT HOME, STR	R AS A CONSEQUID ENTRIBUTING TO I	ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM.ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCURS 21f LOCATION STREET , 19 and that in (my) (our) opinion of	200 AUTOPSY: YES NO ED (ENTERNATURE C	20b IF IN CER	YES, WERE TIFYING C YES COI 19 PART I OR	PART 2)	IGS USE OF DEA NO
If Hem 21 is morked or Hem 18 shows ony injury, or ather traumatic eve		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (O) 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINES OF DEAL CONTRIBUTING OR C	DUE TO, OF (b) DUE TO, OF (c) 19b CONDITIONS CO 19b CONDITIONS CO ATH P. / 21e PLACE ((AT HOME, STR	R AS A CONSEQUID ENTRIBUTING TO I	ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM.ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCURP 21f. LOCATION SIREET 19 DEGREE ATTENDING	200 AUTOPSY: YES NO ED (ENTERNATURE C	20b IF IN CER	YES, WERE TIFYING C YES COI 19 PART I OR	FINDIN AUSES	IGS USE OF DEA NO
ANT: If Item 21 is marked or Item 18 shows ony injury, or ather traumatic eve		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (O) 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (HE ETHER, NOTHEY MEDICAL EXAMINES ALL WORK NOT WHILE ALL WORK ALL WORK NOT WHILE ALL WORK A	DUE TO, OF (b) DUE TO, OF (c) CONDITIONS CO 196 CONDITIONS CO 196 CONDITIONS CO ATH HOUR A.I P.I 21e PLACE ((AT HOME, STR	R AS A CONSEQUID ENTRIBUTING TO I	ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM.ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCURE 21f. LOCATION STREET 19 nd that in (my) (aur) opinion of the performance of the	200 AUTOPSY: YES NO ED (ENTER NATURE C	20b IF IN CER	YES, WERE TIFYING C YES COI 19 PART I OR	PART 2)	IGS USE OF DEA NO
MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or ather traumatic eve		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINET AT WORK NOTIFY MEDICAL EXAMINET AT WORK NOTIFY MEDICAL EXAMINET OF THE CONTRIBUTION (II) while hosping at the deceased of the opposed (I) (we) (Idid) (did not opposed (I) (we) (Idid) (did not opposed (I)) (we) (Idid) (Idid not opposed (I)) (Idid) (Idid) (Idid not opposed (I)) (Idid) (I	DUE TO, OF (b) DUE TO, OF (c) 19b CONDITIONS CO 19b CONDITIONS CO	R AS A CONSEQUID ENTRIBUTING TO I	ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM.ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCURP 21f. LOCATION SIREET 19 DEGREE ATTENDING	200 AUTOPSY: YES NO EED (ENTER NATURE C) Obeoth occurred on	20b IF IN CER	YES, WERE YES, WERE YES, WERE OF YES	PART 2) UNIY Om the c. DATE	IGS USE OF DEA NO [

The second state of the se The same and a second design of the same and the second With a voice of many control attention

F 5	O HOSPI	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 impression or attending physician.
	Should be	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, it should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours often with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.
- 4	MPORTA	IMPORTANT: If Hem 2.1 is marked or Item 18 shows any injury, or other traumatic event, the medical commercial principle delitied about

BP_____ DHMH - 16 50M 1/81 (VRA 15, 4)

	#5, per call 1 - STATE 3/22/83 ka	m	DEPARTI	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	TENE 8 2	2 9	8 2 7
ŀ	REGISTRAR 1. DECEASED NAME FIRST (TYPE OR PRINT) KENNETI		ON SPAULD		LAST	REG. N 20. DATE OF DEATH NOVEMBER	MONTH DAY YEA	26. HOUR 11:00 J
İ	3. SEX MALE	4 RACE	ASIAN	S. DATE O	UST 22 1968	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS PATS HOURS MIN.
1	76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) MAINE	UNITE	WHAT COUNTRY? D STATES	MARRIE		MONTGOMER		H
1	DETHESDA	NAVAL	HEACILITY, GIVE STREET HOSPITAL	ADDRESS)	dr other institution	120 USHAL OCCUPAT	LEGERG LIFE) 126 KINDUS	U.S.NAVY
1	USUAL RESIDENCE (IF NURSIN 130. STATE FLORIDA 4. FATHER'S NAME		N. FORT	N .	13d. INSIDE CITY LIMITS?		LA DRIVE, C	IRCLE B
1	HENRY EDWARD					IAMS CROSBY		LAST
	160 WAS DECEASED EVER IN U.S. A (YES. NO OR UNKNOWN) (IF YES. G	40-1960	004-12-		GERALDINE SP		7 PANGOLA I	PROXIMATE INTERVAL
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, O (b) DUE TO, O	R AS A CONSEQUE ACUTE R AS A CONSEQUE	MYLOCE OF	GENOUS LEUKEMI		IDITION GIVEN IN PAR	IT Iro
	NO DATE OF OPERATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING			OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES X NO	20b. IF YES, WERE FIR IN CERTIFYING CAL YES [X]	JSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DE	ER) P.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PAR	2)
	AT WORK AT WORK		EET, FACTORY OFFICE F		211. LOCATION STREET	CITY OR TO		
	22a I certify that (I) (this hace saw the deceased alive a obave, (I) (well (did) (did a	NOVEMB	ER 11 19 8 after death.	32	EMBER 13 19 82 and that in (my) ison a printed to DEGREE	, toNOVEMB1 death occurred on the d	ate and hour and fram	that (1) (200) last the causes stated
	22d NHYSICIAN'S NAME (ICE	RINT)	MC. USNR	USA	22e ADDRESS	MEDICAL STAI DIRECTOR □ PHYSIC	FF CIAN 12	NOV 1982
	230. BURIAL, CREMATION, REMOVA (SPECIFY) CREMATION	L 23b. DATE	23€. 1	EDAR	EMETERY OR CREMATORY HILL CREMATOR			
	24 FUNERAL DIRECTOR NAME W. W. CHAMBERS	co. 517	ADDRESS 11th S'	r. s.:		V 1 71982		Court

ESERGIO ESTADE O

William a 11-34-1582 Galla Milliam william, 2.5.0. 36.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

13	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE OF MARYLAND							2
ARTMENT OF HEALTH AND MENTAL HYGIENE	8	2	2	9	8	2	3
CERTIFICATE OF DEATH		DEG NO					

	1 DEC	PACED MINARE			167	REG. NO.	
		CRASED NAME FIRST	Y - Louise	,	Sperry	20 DATE OF DEATH MONTH	3-82 6:0
1	1 SEX		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2
	,	Female	Cauc.		.6, DA 193 FAR	51 _Y	MONTHS DATS HOURS
26	7a BIR	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	(? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COU	UNTY OF DEATH
0	W	est Va.	U.S.A.	WIDOWE		Montgomery	/
11		akoma Park	11. NAME OF HOSPITAL, NURS WASHINGTON A	ING HOME (ist Hospita	12a USUAL OCCUPATION 11YPE OF WORK FOR MOST OF WORKE HOMEM ake	INDUSTRY HOM
34	13a. ST	TATE INLOU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO JNTY 136, CITY OR TO BOW 1	WN	13d. INSIDE CITY LIMITS? YES NO [13427 Me 11i	ing Lane 207
4	14 FAT	THER'S NAME FIRST Robert P	aul McDonal	ď	15. MOTHER'S MAIDEN NAME PAUline	MIDDLE	skins LAST
2		AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES G	RMED FORCES? 166 SOCIAL SEC 102 WAR OR DATES) 232-42		James R. S	perry, 12427	Bowie, Mc. Melling Lan
			only one couse per line for (0), (b), o SED BY, ATE CAUSE (0)	lan v	netastous +	spirel cord ma	APPROXIMATE INTERVEN ONSET AND D
		Conditions, if ony, which	DUE TO, OR AS A CONSEON	7 C	archoma		2 year
		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEO		- Chime		740
		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEO	UENCE OF	NOT RELATED TO THE TERM	/ /	N GIVEN IN PART 110
2		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEO	UENCE OF	NOT RELATED TO THE TERM	Vietarlases 200 AUTOPSY? 20b. 11	N GIVEN IN PART 110 IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH
29	CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT SCOS 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING) CAUSE OF DI	DUE TO, OR AS A CONSEOU (c)	DEATH BUT	NOT RELATED TO THE TERM SONNEL CONSTRUCTION N WAS PERFORMED	200 AUTOPSY? 206. II	N GIVEN IN PART 1/0 IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO
29	NEDICAL CERTIFICATION	gove rise to immediate couse ioi, stating the underlying couse lost PART 2 OTHER SIGNIFICANT SOUND 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEOU (c)	DEATH BUT TH OPERATIO DAY YEAR 19	NOT RELATED TO THE TERM SONNEL CONSTRUCTION N WAS PERFORMED	VILTAFIASCS 200 AUTOPSY? 200. II	N GIVEN IN PART 1/0 IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO
29	MEDICAL CERTIFICATION	gove rise to immediate couse io1, stating the underlying couse lost of the couse of	DUE TO, OR AS A CONSEOUTE TO THE CONDITIONS CONTRIBUTING TO TO THE CONDITION FOR WHICE TO THE CONDITION FOR WHICE THE CONDITION FOR WHICE THE CONDITION TO THE	DEATH BUT TH OPERATIO DAY YEAR 19 FARM.ETC)	NOT RELATED TO THE TERM SOLVE CAN DELATED N WAS PERFORMED 21t. HOW INJURY OCCURR 21t. LOCATION STREET 19 82	200 AUTOPSY? 206. II N CE YES NOTHER NATURE OF INJURY IN ITEM CITY OR TOWN	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO COUNTY ST.
29	MEDICAL CERTIFICATION	gove rise to immediate couse io1, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DI LIFETIMER MOTHEY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK THE NOT WHILE AT WORK NOT WHILE AT WORK THE NOT WHILE AT WORK NOT WHILE AT WORK THE NO	DUE TO, OR AS A CONSEOUTE CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTING TO CONDITION FOR WHICE CONDITION CONTRIBUTION FOR WHICE CONDITION CONTRIBUTION CON	DEATH BUT TH OPERATIO DAY YEAR 19 FARM.ETC)	NOT RELATED TO THE TERM SON WAS PERFORMED 21t. HOW INJURY OCCURE 21t. LOCATION STREET 19 82 nd that ir (m) (our) opinion of the property	200 AUTOPSY? 206. II YES NOTED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO MISS PART LOR PART 2) COUNTY ST. 19 22. the 1 () (we did not not only from the couses stot of the couse

DHMH - 16 50M 1/81 (VRA 15, 4) Burial Nov.6, 1982 I.O.F.F.

24 FUNERAL DIRECTOR Beall Funeral Home 16000 Annapolis Rd., Bowie, Md.

NOV 9 1982 STEER SIGNACE THE PROPERTY OF THE P

Tree to Long the state of the s . T.J.U JEV Jew I skeep Park the hindred & week of the search less the standard areas in Hard or I see I se Accept Paul Melan la Pauline Correct Paul Melan la Correct Paul Melan la Correct Paul Melan Lanc.

9:-1 | Mov.6,1982 1.0.E.F. Emd.5 | E.lem. Wet Vi givilare 8:-11 Emd.5 | Mew. 1 16000 Emw.50lis ..., Bowls, w...

DHMH - 17 (VR A15 ME (5)) 20M 4/82

	1-	FOR STATE REGISTRAR			DEPARTMENT DICAL EXA		ERTIFIC	NTALH	YGIENE F DEATH	2 REG.	2 S	9 8	2	9
		CEASED NAME E OR PRINT)	Rose		G.	7/4	Spiro			OF ESTI- EATH MATED			YEAR 82	26 HOUR
	3. SEX	emale		DATE OF BIRTH DAY ON. 15,	1899 6. AGE	(IN YEARS IF UNBIRTHDAY) MONTH	IDED 1 VD	IF UNDER	24 HRS. 2c. Min PRO	DATE NOUNCED DEAD	MONTH 11/	30 II	YEAR .	24 HO30 A. M
17	-	THUANT		U.S.A.	HAT COUNTRY?	8. MARR	ED 🔀	PER MARRIE	ED L	Montgon	ery (ount		MD.
00	S	ilver	Spring	1450 8 H	CHITY, GIVE STREET ADD OMECNESS	E Road,	#118	ION	HOUSE	OCCUPATION (OF WORKING LIFE) WIFE	TYPE OF WORK		OF BUS DUSTRY HOMI	
35	130 ST	TATE Land	(IF IN NURSING HOME OR OT 13b, COUNTY Montge	omery		Spring	13d. INSIDE CI YES 🔀	NO 🗌	1450 8	Homeca	rest,	Road	, #1	18
50		AAKOV		SHE	SHAPTRO)	15. MOTHE	R'S MAIDE RSJ HEL	NNAME	MIDDLE	SEC	GELOV.	ΪΤΖ	
1	16a. V	VAS DECEASEI	D EVER IN U.S. ARMED		16b. SOCIAL SEC 577-48-	-2294 D	17. INFORM		SPIRO,	11272RE SILVER	HEALY	STREE	ET	AND
CKEMATION, OK KEMOVAL.	NO	Candition gove ris cause (a) lying cau	F DEATH (Enter anly or ATH WAS CAUSED BY IMMEDIATE Cons., if any, which is to immediate is stating the underse lost. Constitution of the consti	AUSE (o) AC DUE TO, OR (b) hy DUE TO, OR (c) RIBUTING TO DEATH	as a conseque pertensi as a conseque	cardial NCE OF NCE OF	nt di	sease				BETWEE	n onset a	NO DEATH
T XIA	CERTIFICATION	190. DATE OF			TION FOR WHICH	OPERATION W	AS PERFOR	MED?					TOPSY?	NO X
3		210. EXTERNA UNDERLYING CONTRIBUTION	OR CAUSE OF DEA		MONTH DAY	YEAR 21c HO	None	OCCURRE	O (ENTER NATUR	RE OF INJURY IN ITEM	18 PART I OR P			
ZOI PKE	MEDICAL	WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e PLACE (STREET, FACT	OF INJURY (AT HO TORY, FARM, ETC.)		CATION		Cit	Y OR TOWN	C	OUNTY		STATE
1 Simoke, markitano, zizoi kiok 1080		22a 1 certi death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRII	NAME Q.L.	auses X,	Accident Acc	an Autop	, Hamic		Un determin	ed manner EXAMINER	and in my of DATE SIGN	ED	/30/ Md.	'82
- PA	23a.Bl	URIAL CREMA	TION, REMOVAL 234	71/1982	NATION	X E CAPT	FORMALE	BREW		INGTON	COL	YTML	STAT	. C.
5))			MORSTEIN HE				HOME C.	DEC	EC'D. BY REC		GISTRAR'S	Colu	inf	To

X Company comine white you to some BONNEL TERMINE diver sains 14,700 nonecreate nous, 110 Him Homeereen, Tooks Ind marrian concern it, variation neute mynerities disease LIBERTONALVE TOURT HISTORIES in the section and the second section in the section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the section is the second section in the section is the second section in the section is the section in the section is the section in the section in the section is the section in the section is the section in the section in the section in the section is the section in the section in the section is the section in the section in the section in the section is the section in the section in the section in the section is the section in the section in the section in the section in the section is the section in the section is the section in th

		FOR
l	-	STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

P	")	
2	diam'	

9 8 3 0

-1	REGISTRAR			421111	TEATE OF PEATIT	0.			
	1. DECEASED NAME FIRST N (TYPE OR PRINT) MIC	ichael HAEL	MIDDLE L.	STAD	Stadter, Sr	2a. DATE OF DEATH	MONTH 11 DAY	7 YEAB2	26 HOUR 4115PM
-1	1. SEX	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
1	Male	White		Oct	ober 21, 1905	77	YRS.	NIHS DAYS	HOURS MIN.
₫	74 BIRTHPLACE AS A E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	ENTITION
7	Maryland	U.5	.A.	WIDOWE	M	Montgome	ry Cou	nty	MD.
7	Rockville	IOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET A	(DDRESS)	Center	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF BOOKKEEPET	F WORKING LIFE)	12b. KIND C INDUSTRY Reti	OF BUSINESS OR
			GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Catonsvi	V	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 403 Whitf	ield R	oad	
١į	14. FATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE WIDDIE		241	5.1
U	Bernard		Sta	dter	Barba	ra		Spiege	1
2	16a. WAS DECEASED EVER IN U.S. AI	MED FORCES?	166. SOCIAL SECUI		Dr. "AANT	75	B Park	Mill	Ct.
	Yes WW		364-07-2	666	Michael L. S	tadter, Jr.			.Md. 20855
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT	DUE TO, C	TEXES OR AS A CONSEQUE OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM			3	UMATE INTERVAL ONSET AND DEATH
1	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	NG CAUSES	
7	OR CONTRIBUTION OF CHIEF OF SE	NI H	DF INJURY .M. MONTH DA .M.	Y YEAR	21c HOW INJURY OCCURR		1		
	OR CONTRIBUTING CAUSE OF DE CONTRIBUTION CON		OF INJURY REET FACTORY OFFICE FA	RM, ETC)	211 LOCATION STREET	CITY OR IO	WN	COUNTY	STATE
	27a.1 certify that (1) (this hosp saw the deceosed alive or above, (1) (we) (did) (did no 27b SIGNATURE		19	, on		MEDICAL STAF	ote and hour a		
,	22d. PHYSICIAN'S NAME (TYPE	EKAGO		CO A	PHYSICIAN S PHYSICIAN S 7435 are	DIRECTOR PHYSIC		an h	d

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached for with the State Dept. of I IMPORTANT: If Item 21

236 BURIAL, CREMATION, REMOVAL 236 DATE 11/11/82 23c N No.

New Cathedral Cemetery

y Baltimore

Md.

1630 Edmondson Avenue, Catonsville, Md. 21228

DATE REC'D. BY REGISTRAR 256. III STRAR'S SIGNATURE

stage the section of the party of the section of the section of This is a state of the party of market and the report of the state of the st

All and the state of the latter of the series of the serie

retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, place
Should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 72 hours oft
with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.
IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, at other traumatic event, the medical examiner must be notified at once.
3143

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CEPTIFICATE OF DEATH

GIENE	ප්	2	2	9	8	3	
		REG. NO.					

	REGISTRAR		CERTIF	CATEOFD	EAIN	REG. N	O.		
	ECEASED NAME FIRST	MIDDLE	0	AST		20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
	MARGA	RET M	31/	ING		November	2011	982	7:02/m
3. S	famale	White	5. DATE C		ZO YEAR	6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	HOURS MIN.
7a.	BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY) Virginia	CITIZEN OF WHAT COUN	MARRIE		AARRIED 🗆	9 BALTIMORE CITY O		F DEATH	
10.	CITY OR TOWN OF DEATH	USA . NAME OF HOSPITAL, N	URSING HOME O		ORCED .	Montgomer		12h KIND O	F BUSINESS OR
S	I Ver Spring 1	TOU Cros	s Hosp	ital		Cosmetolog		INDUSTRY	
	UAL RESIDENCE (IF NURSING FOME OR OT STATE 13M COUNTY	HER INSTITUTION GIVE RESIDENCE 135. CITY OR TGOYERY SIV	TOWN Spring	13d. INSIDE CI	NO MAIDEN NAM	13 STREET ADDRESS	rey	LANG	e
		Thorn	ton		FIRST	MIDDLE M •	T	hompa	
160	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W	VAR OR DATES)	SECURITY NO. 1-9994	17 INFORMA Carlto		ang-husban	SS		
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE (Conditions, if only, which	BY:	63 P. P		in su	merce conc	L.	50	MATÉ INTERVAL DINSET AND DEATH
	gove rise to immediate cause (a), stating the underlying cause last.	(c)	كودسها		uug				22
CERTIFICATION	PART 2. OTHER SIGNIFICANT CO	196. CONDITION FOR W	7.7			200 AUTOPSY? YES NO \$\frac{1}{2}\$	20b. IF YES, V	WERE FINDIN	NGS USED
5.1	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH	d DAY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	T 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, O		21f. LOCATIC STREET	N	CITY OR TO	WN	COUNTY	STATE
	22a. I certify that (I) (this haspital saw the deceased alive an above, (I) (week did) (did not)	11/20	8 2	d that in (my)	, 19 (our) opinion d	eath occurred on the de	ote and hour o		that (I) (we) lost causes stated
	27b. SIGNATURE	مارس	m.		TTENDING PHYSICIAN	MEDICAL STAI		22c. DATE	
	22d PHYSICIAN'S NAME TYPE OF PI	H. LEVIA	1	220. ADDRESS		ENTON	55.		
23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE	23c NAME OF C			23d LOCATION CITY OR TOWN		COUNTY	STATE
	Durrar	11-24-82	Park law	n. Cemet	erv	Rockville	Montg	omery	Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR
Hines/Kinaldi Funeral Home

11800 N.H. Ave.,

Silver Spring, Md

750. DATE REC'D. BY REGISTRAR 23 DEGISTRAR'S SIGNATURE.
NOV 2 3 1982 Solve & Convert

MARGARET M STANG tangle wint a real built SIVE SITTING THE COURSE THE TOTAL COMMENCERS PONTENER STATE FOR STATE OF ST months . The Property of the P bli _ aramina/ ollassel thes/stanion frameral foun Silver Sories, Id.

I'm funeral director, page 3 i ithin 72 hours after death STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8 2

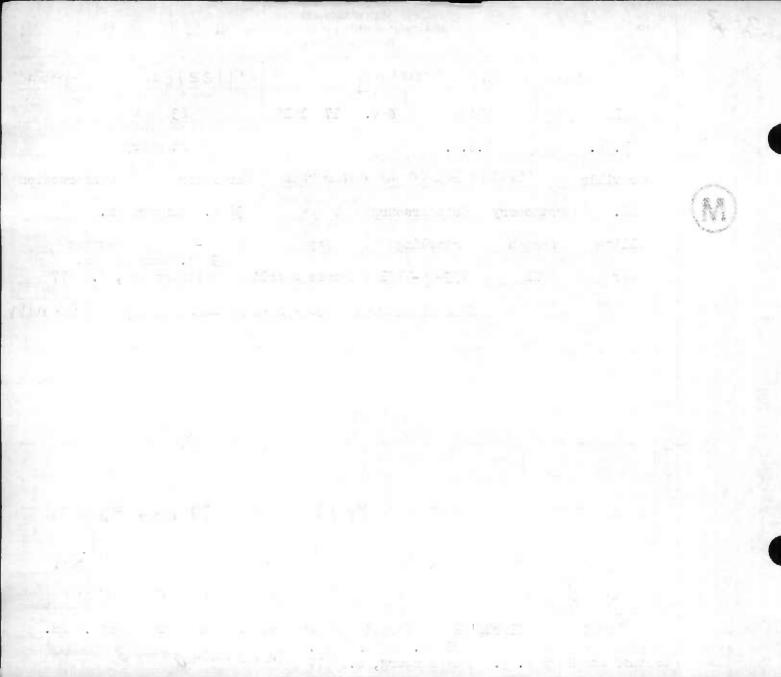
983

SEASO DECEMBED FOR IN U.S. ARMED STATE OF BRITTAN STATE		REGISTRAR				CERTIF	ICATE OF DEA	TH	REG. N	67 0		0 0 2.
SEX Male White White Nov. 17 1919 63 VES MARKED 18 MARKED 19						1 \	AST		20. DATE OF DEATH	MONTH C	DAY YEAR	
Male White Wov. 17 1919 63 VR BRITHPLACE (STATE OF ORDER) W.V. BRITHPLACE (STATE ORDER) W.V. BRITHPLACE (STA		OI.	Iver	D.	Of	arlini	9		.11/22	85		- 8:35 AM
Male Nov. 17 1919 63 YES MARKED DINES CARDENCE 10. CHIZEN OF WHAT COUNTRY MARKED DINES MARKED DINES COUNTY OF DEATH MARKED DINES MARKED DINES MARKED DINES MARKED MARKED DINES MARKED DINES MARKED MONORCED MON	3. SE	X		4 RACE					6 AGE (IN YEARS LAST BI			
BRITMORE CITY OR COUNTY OF BEATH W. V. A. WOOWED NEVER MARRIED NEVER		Male		Wh	ite			1919	6	2	IONIHS DAYS	HOURS MIN.
W.V. 2. WOONED DONGED D			FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8	TO MENTER WAS	nues 🗆	9 BALTIMORE CITY		OF DEATH	
HIS COUNT OF TOWN OF DEATH NOCKYLLIE WAS LEEDENCE IP HUBBRIC AND OF BUSINESS OR POOL OF TOWN AND OF TOWN AND OF BUSINESS OR CONTROL OF TWO AND OF TOWN AND OF BUSINESS OR CONTROL OF TWO AND				U.	S.A.				Mon	tgomer	v	AAD
ROCKY ILE SAGU STOVE Advenus Hosp Gathers Shake William Joseph Starling William Joseph William Joseph Starling William Joseph William	10. C		ATH						12a. USUAL OCCUPAT	ION	126. KIND (OF BUSINESS OR
Md. Montgomery Gaithersburg Ves No 36 W. Deerpark Dr. 15. Molhers Madden Name William Joseph Starling Is Molhers Madden Name William Joseph Starling Is Molhers Madden Name William Joseph Starling Is Molhers Madden Name (15. Noor Unknown) 16. WAS DECEASE DEVER IN U.S. ARMED FORCES? (16. SO CALL SECURITY NO. 17. INFORMANT 36 APPRES Deerpark Dr. 18. CAUSE OF DEATH Fore only one coure peclage for 101, ib), and 102 19. CAUSE OF DEATH Fore only one coure peclage for 101, ib), and 102 19. CAUSE OF DEATH Fore only one coure peclage for 101, ib), and 102 19. MANEDIATE CAUSE (a) 10. DUE TO, OR AS A CONSEQUENCE OF 11. ACCION WAS MOREN PRO 10. THE MOLE AND MONTH DAY YEAR 12. ACCION WAS MOREN PRO 10. THE MOLE AND MONTH DAY YEAR 13. AUGUST OF DEATH FOR THE MOLE AND MONTH DAY YEAR 14. ACCION WAS MOREN PRO 10. THE MOLE AND MONTH DAY YEAR 15. THE MOLE AND MONTH DAY YEAR 16. HOW INJURY OCCURRED (Internatives of Moles in Part Tole And 2) 16. HOW INJURY OCCURRED (Internatives of Moles in Part Tole And 2) 17. THE PLACE OF INJURY (Internative of Moles in Part Tole And 2) 17. THE PLACE OF INJURY (Internative of Moles in Part Tole And 2) 17. THE PLACE OF INJURY (Internative of Moles in Part Tole And 2) 17. THE PLACE OF INJURY (Internative of Moles in Part Tole And 2) 17. THE PLACE OF INJURY (Internative of Moles in Part Tole And 2) 17. THE PLACE OF INJURY (Internative of Moles in Part Tole And 2) 17. THE PLACE OF INJURY (Internative of Moles in Part Tole And 2) 17. THE PLACE OF INJURY (Internative of Moles in Part Tole And 2) 17. THE PLACE OF INJURY (Internative of Moles in Part Tole And 2) 17. THE PLACE OF INJURY (Internative of Moles in Part Tole And 2) 17. THE PLACE OF INJURY (Internative of Moles in Part Tole And 2) 17. TH				* Shad			en 41.5+ He	OSP	and the second second			
Md. Montgomery Gaithersburg VES NO 36 W. Deerpark Dr. REATHERS NAME William Joseph Starling Is MOHERS MAIDEN NAME William Joseph Starling May Unknown Ise WAS DECEASE DEVER IN U.S. ARMED FORCES? (14th SOCIAL SECURITY NO. 17. INFORMANT 36 APPRES Deerpark Dr. 1233-09-7701 Thomas Starling Gaithersburg, Md. 20877 INCAUSE OF DEATH Force only one couse peoples for 101, ib), and couse for mediate couse 101, stoling the underlying couse lost of mediate couse 101, stoling the underlying couse lost (15th Social Security No. 15th May 101 People of 101, stoling the underlying couse lost (15th Social Security No. 15th May 101 People of 101, stoling the underlying couse lost (15th Social Security No. 15th May 101 People of 101, stoling the underlying couse lost (15th Social Security No. 15th May 101 People of 101, stoling the underlying couse lost (15th May 101 People of 101, stoling the underlying couse lost (15th May 101 People of 101, stoling the underlying couse lost (15th May 101 People of 101, stoling the underlying couse lost (15th May 101 People of 101	USU Ga :	AL RESIDENCE (IF NURS STATE	13b COUN	OTHER INSTITUTION	GIVE RESIDENCE BEI	ORE ADMISSION)	13d. INSIDE CITY	LIMITS?	13e STREET ADDRESS			
WILLIAM WILLIAM JOSEPH STATING May WINDER WAY WILLIAM IF VES. ONLY MAY OR DATES LES SOCIAL SECURITYNO. 17 IN FORMANT 18 CAUSE OF DEATH Enter only one couse pealing for iol, ibl., ondices PARTIL DEATH WAS CAUSED BY. RAMEDIATE CAUSE IO) DUE TO, OR AS A CONSEQUENCE OF CONditions, if only, which gove rise to immediate couse iol, stolling the PARTIZ OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 19 DATE OF OPERATION 19 CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIONITIVAS UNDERLYING CONTRIBUTING CAUSES OF DEATH? YES NO NO 21a. HUNDRY OCCURRED 21a. ACCIONITIVAS UNDERLYING CONTRIBUTING CAUSES OF INJURY HOUR AM. MONTH DAY YEAR 10 CONTRIBUTING CAUSES OF INJURY HOUR AM. MONTH DAY YEAR 21a. HUNDRY OCCURRED 21a. ACCIONITIVAS UNDERLYING CONTRIBUTING CAUSES OF INJURY HOUR AM. MONTH DAY YEAR 21a. HUNDRY OCCURRED 21a. ACCIONITIVAS UNDERLYING CONTRIBUTING CAUSES OF INJURY HOUR AM. MONTH DAY YEAR 21a. HUNDRY OCCURRED 21a. HUNDRY OCCURRED 21b. HOW MINITE 21c. HOW INJURY OCCURRED 21d. HUNDRY HUNDRY OCCURRED 21d. HUNDRY	1		Monte	gomery	Gaithe	rsburg				erpark	Dr.	
William Joseph Starling May Unknown 186 WAS DECEASED EVER IN U.S. ARABED FORCES? 187 WILL IN 187 SEARCH FORCES? 187 WILL IN 187 SEARCH FORCES? 188 SOCIAL SECURITY NO. 17. INFORMANT 36 AWRES Decrear R. Dr. 188 CAUSE OF DEATH Functionly one course peoline for 101, 161, and 102 Medical Conditions, if only, which of the part of	14. FA			MIDDLE	LAST							
186 WAS DECEASED EVER IN U.S. ARMED FORCES? 168 SOCIAL SECURITY NO 17. INFORMANT 36 AMPRES Deer park Dr. 36 AMPR		William	-			ing	2.0		-			
Tes WIII 233-09-7701 Thomas Starling Gaithersburg, Md.20877 Real Cause of Parth Enter only one couse per line for (a), (b), and (c) Part Location					166 SOCIAL SE	CURITY NO.	17. INFORMANT		36 APPR	ES Deerp		
18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED DY:					233-09	-7701	Thomas	Starl				
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), storing the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION GIVEN TO THE TERMINAL DISEASE OR CONDITION GIVEN TO THE TOTAL DISEASE OR CONDITION GIVEN TO THE TERMINAL DISEASE OR CO		18. CAUSE OF DEAT	H Enter on	ly one couse per	line far (a), (b),	ond (c)						
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause in), stoling the underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 199. DATE OF OPERATION 199. DATE OF OPERATION 199. CONTRIBUTING CAUSES OF DEATH YES NO		PART I. DE ATH W	'AS CAUSE	D 8Y:	Promo	100 fr	is Ca	ACOM	ana.		0	Month
Conditions, if any, which gove rise to immediate couse (a), storing the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF (c)		1070	MMEDIAI		100110	- Caracari C			01.02			Weend
The course of the significant conditions contributing to death but not related to the terminal disease or condition given in part 110. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. 198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. AUTOPSY? 208. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOW YES		Conditions if any	audital.	DUE TO, O	r as a consec	DUENCE OF						
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110- 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO		gave rise to imm	nediate	16)								
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOW YES NO OR CONTRIBUTING CAUSE OF DEATH? HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH? HOUR A.M. MONTH DAY YEAR 19 19 19 19 19 19 19 1				DUE TO, O	r as a consec	DUENCE OF					Un e	
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOW YES NO OR CONTRIBUTING CAUSE OF DEATH? HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH? HOUR A.M. MONTH DAY YEAR 19 19 19 19 19 19 19 1		DART 2 OTHER SICK	LIEIC ANT C	(0)	ONITRIBUTING T	O OF A THE BUILT	NOT BELLIED TO	THE TERMS				
OR CONTREIDTING CAUSE OF DEATH OR CONTREIDTING CAUSE OF DEATH OR CONTREIDTING CHARACTER DAY TEAK OF CONTREIDTING CHARACTER DAY OF CONTREIDTING CONTREIDTING COUNTRE DAY OF COUNTRE DA	z	PART 2 OTTIER SIGN	VIFICAINT C	ONDITIONS CC	JIN I KIBUTING I	O DEATH BUT	NOT RELATED TO	THE TERMIN	ANT DISEASE OR CON	DITION GIVE	N IN PART I	10
OR CONTREIDTING CAUSE OF DEATH OR CONTREIDTING CAUSE OF DEATH OR CONTREIDTING CHARACTER DATE	ATIC	19a. DATE OF OPERAT	TION	196 COND	TION FOR WHI	CH OPERATION	N WAS PERFORM	FD	20a AUTOPSY?	206 IF YES	WERE FINDS	INGS LISED
OR CONTREIDTING CAUSE OF DEATH OR CONTREIDTING CAUSE OF DEATH OR CONTREIDTING CHARACTER DATE	윤								1	IN CERTIFY	ING CAUSES	S OF DEATH?
OR CONTREIDTING CAUSE OF DEATH OR CONTREIDTING CAUSE OF DEATH OR CONTREIDTING CHARACTER DATE	ERT	71a ACCIDENT WAS UND	DERLYING [215 TIME O	FINJURY		121c HOW IN JUIS	Y OCCURRE				NO []
22a. I certify that (I) (this hospital) attended the deceased from 19 ond that in (my) (our) opinion deoth accurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death 27b SIGNATURE 22c. DATE SIGNED 22d. PHYSICIAN DIRECTOR PH	0	OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.		DAY YEAR	174 11011 111301	OCCORRE	D (ENTERNATURE OF INTE	KT IN IJEM IB PA	RT OR PAR 2)	
22a. I certify that (I) (this hospital) attended the deceased from 19 ond that in (my) (our) opinion deoth accurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death 27b SIGNATURE 22c. DATE SIGNED 22d. PHYSICIAN DIRECTOR PH	Š					19	211 LOCATION					
226. Certify that (I) (this hospital) attended the deceased from 19 , 19 , 10 , 10 , 10 , 19 , 10 , 10	MEC					E, FARM, ETC)			CITY OR TO	NWN	COUNTY	STATE
sow the deceased alive an above, (1) (we) (did) (did not) view the body after death 19							D		1	122	0	
238. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECE) 236. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECE) 237. DATE SIGNED 238. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECE) 238. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECE) 24. FURTING DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR D		,			e deceased from		MONT.	9	_, to	r.ag		
ATTENDING & MEDICAL STAFF PHYSICIAN DIRECTOR PHYSIC		abave, (I) (we) (a	did) (did no) view the bady	after death	, on	d that in (my) (ou	r) opinion de	eoth accurred an the d	ate and haur	and from the	causes stated
PHYSICIAN DIRECTOR PHYSICIAN DIR		226 SIGNATURE		10		4.					22c. DATE	SIGNED
236. BURIAL, CREMATION, REMOVAL 1236. DATE 11/24/182 Forest Oak Cemetery Gaithers burg Montg. Md. 24 FUNDS L DIRECTOR MALE 11/24/182 Diamond Ave. 256. DATE REC'D. BY REGISTRAN OF MALE 11/24/182 DIAMOND AVE. 1256. DATE REC'D. BY REGISTRAN OF MALE 1256.		06	W.	sust.	we	MI					111	dd
Burial 11/24/182 Forest Oak Cemetery Gaithersburg Montg. Md. 24 FUNTS LDIREGION 316 E. Diamond Ave. 250 DATE REC'D. BY REGISTRAN OF RECIPIED AND AND AND AND AND AND AND AND AND AN		22d. PHYSICIAN'S NA	AME (TYPE O	R PRINT)			22e. ADDRESS		0 1	· ' '	10	- 0 /
Burial 11/24/182 Forest Oak Cemetery Gaithersburg Montg. Md. 24 FUNTS LDIREGION 316 E. Diamond Ave. 250 DATE REC'D. BY REGISTRAN OF RECIPIED AND AND AND AND AND AND AND AND AND AN		Sua	an	wit	hvoc	2	15 E	1200	1 Park	De	HUSE	NKI
Burial 11/24/82 Forest Oak Cemetery Gaithersburg Montg. Md. 14 FULL DIRECTOR AVE. 250 DATE REC'D. BY FEGISTRAM OF MEDISTRAM SIGNATURE.			REMOVAL	23b. DATE	23	c. NAME OF CE	METERY OR CREA	MATORY		0	0 - 0	
24 FUNTE DIRECTOR & Sandison 316 E. Diamond Ave. 250 DATE REC'D. BY REGISTRAN OF MEDISTRAN OS CONTURE				11/24/2		9			Gaithers	burg	Monte.	Md. STATE
Gartner Sandison F. H. Gaithersburg Md. 20877 NOV 2 6 1982	24. FU		41	75				25a. DATE	REC'D. BY REGISTRAR	-	-	
	Ga	rtner Sand	dison		Gaither	shire.	Vd. 20877	NO,	N 3 P 1885	John	Se Ch	archie

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. Thould be definished for us with the State Diggs, of His



nd 2 sh

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR				TORTE OF BEATTE	REG. NO).		
TO DECEASED NAME	dola	G St	enne	AN .	11-1-82	HONTH BAT	YEAR	qop,
1. SEX male	1 A RACE	aucasian	S. DATE C	DAY YEAR	60 x XX	CHAPTER STATE OF THE PARTY OF T	UNDER I SEAR	# UNDER 24 HES. HOURS MAN.
7s BIRTHPLACE (STATE OF COUNTRY) Austria	·	N OF WHAT COUNTRY?	MARRIEI WIDOWE	D DIVORCED	Montger	Dry C	sunt	A MI
Silven Ser	ing Home	THE OF HOSPITAL, NURSING THE PROPERTY OF STREET	OTO TO	OR OTHER INSTITUTION	Eng. Tec	MORKING THE	INDUSTRY NA	SA
USUAL RESIDENCE PENU IDE STATE	Montgo	muy Silver S	N	YES NO [ren ST	4.	
Max	R.	Steine	r	Theresa	Majora -	March	istei	
YES NO DE UNENDWHI	WW II	ATES		Margaret I		Sil.		en St.
PART I DEATH I	WAS CAUSED BY	ne per line for in . (b) on	Ins	estans			MYWEEN C	wk g mo
	e lost.	TO OR AS A CONSTOUR	n	ancer NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	DITION GIVEN	IN PART 110	o mo
190. DATE OF OPER	ATION 19b.	CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	NG CAUSES	NGS USED OF DEATH?
W 21- ACCIDENT WAS IN	NDERLYING TO 216	TIME OF INTURY		1214 HOW INTURY OCCUR	BED farmer of many	W IN 19544 10 DADS	1.000.01.01	

HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211, LOCATION

(AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE may 220.1 certify that (this haspital) attended the deceased fram

(aur) apinion death accurred an the date and haur and from the causes stated DEGREE 22c. DATE SIGNED mp

ATTENDING PHYSICIAN MEDICAL STAFF 22e. ADDRESS LTYPE OR PRINTI mp 2090 herer

23d. LOCATION CITY OR TOWN 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Cremation Alexandria, Va. 2/82 Metropolitan Crematory

DHMH - 16 50M 4/82 (VRA 15, 4)

certificate has been

ATTENDING PHYSICIAN: The lo

O HOSPITAL

etained by the haspital or attending physician

TO FUNERAL DIRECTOR: After this

should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior. IMPORTANT: If hem 21 is marked or hem 18 shows any

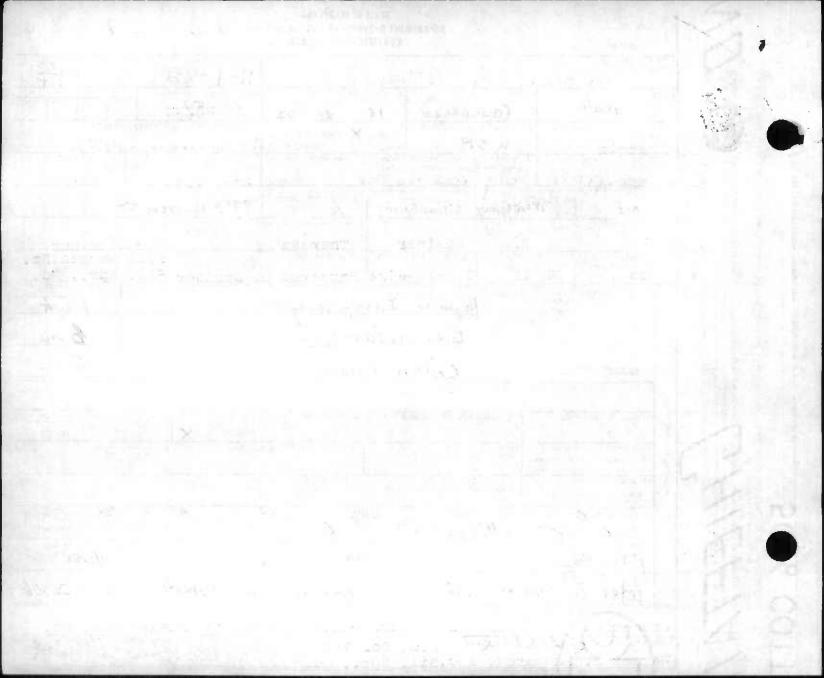
MEDICAL

24 FUNERAL DIRECTOR P.O. Box 7428 Warner E. Pumphrey, Inc.Sil. Spr.,

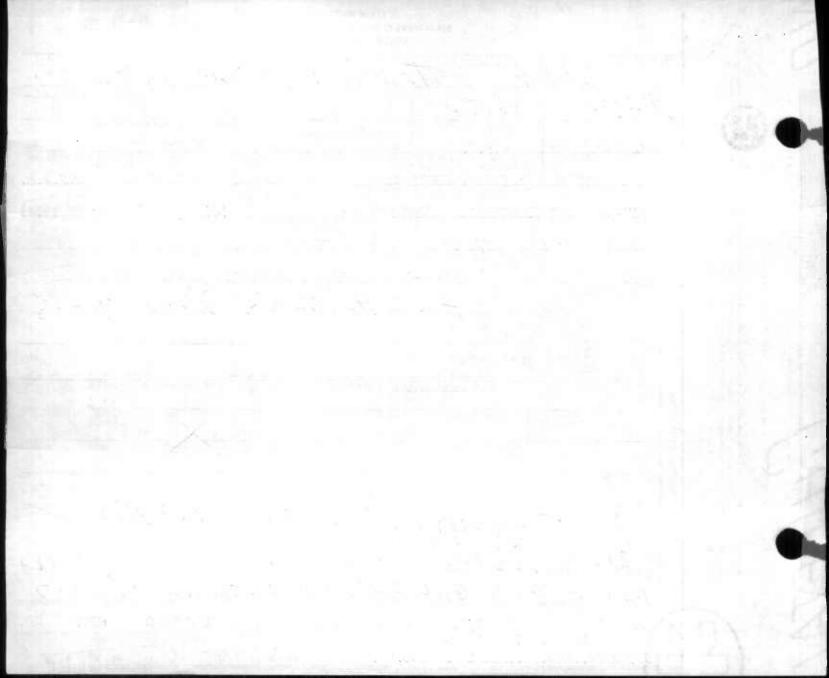
CITY OR TOWN

COUNTY

STATE



				STATE OF MAKILAND	AN AN	0 0 0 0 1
2 1	- 3	FOR STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	HYGIENE & 2.	2 9 8 3 4
		ASED NAME ON	BYERLEY 57	o NINGOLE	20. DATE OF DEATH MONTH	L P3 26. HOUR 5 00 AM
1.5	1	nale "	RACE	5. DATE OF BIRTH MONTH DAY FFB 25 1911	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
2/1/18	co	24(161)	CITIZEN OF WHAT COUNTRY?	8. MARRIED XIEVER MARRIED		
10		OF TOWN OF DEATH		WIDOWED DIVORCED G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	17b. KIND OF BUSINESS OR
70		ILVER SPRING	FATRIAND NURST	NG HOME	(TYPE OF WORK FOR MOST OF WORKING PFR SONNEL OF	FICER U.S.D.A.
13e	. ST		13c. CITY OR TOW	13d. INSIDE CITY LIMITS		
\$ Ju		HER'S NAME	FORGES LANGIFY	PARK YES NO I	NAME	000 STREET 20183
20		TOHN DAUTD	STENTIGER	STELLA	MIDDLE	RLEY
S 16a		S DECEASED EVER IN U.S. ARME	D FORCES? 166. SOCIAL SECU		ADDRESS	
5	_	NO	579-09-		STENINGER SAME A	
Event, 1	1	PART I. DEATH WAS CAUSED E	BY:	2 Helmo	R'S DISARCE	BETWEEN ONSET AND DEATH
njury, or other troumo	F	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. ART 2 OTHER SIGNIFICANT COI	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) NDITIONS CONTRIBUTING TO E	NCE OF	erminal disease or condition g	SIVEN IN PART Ito
CERTIFICATION	19	a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO NO
		TO, ACCIDENT WAS UNDERLYING DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	CURRED TENTER HATUR OF HUNRALD FEM TO	3 PART OR PART ?)
MEDICAL		Id. INJURY OCCURRED WHILE NOT WHILE T WORK AT WORK	ZIE. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC THE LOCATION	The state of the s	COUNTY STATE
21 is ma	2	20.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did not) v	1/1-3/0)19	and that in/my) (out) apir	nion death accurred an the date and K	that (1) (we) last
ZT. # #em	1	TUD S	Mid	DEGREE ATTENDIN PHYSICIAL		22c. DATE SIGNED
MPORTAL		THOS & WA	4RD 6116	ROBIN WOOD	BITHOSOA.	2/20817
_ 23a	(SP	BURIAL	11/27/82 GA	TE OF HEAVEN	SILVER SPRING	
4/82	FUN	ERALDIRECTOR FRANCIS 500 UNIV.BLVD.,			OV 29 1982	STRAR'S SIGNATURE



DHMH - 16 50M 1/81 (VRA 15, 4)

E IR STATE	V YE	
1. DE (TYP) 3. SE F1 70. B M 10 C B1 JSU 130.	16a \	MEDICAL CERTIFICATION
27	1	1
experiment fruit to positive of once	medical	TANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medical
		e State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal
and 2 should be filed within 72 nous daw another	Propes 1	be detached for use as the burial-transit permit. Then please remove carbanpapers Pages 1 min 2 shrulld be feed within 721
maletely filled in by the funeral girector page 3	as but us	NERAL DIRECTOR: After this certificate has been signed by the attending physical and amount amount of the control of the contr

STATE OF MARYLAND

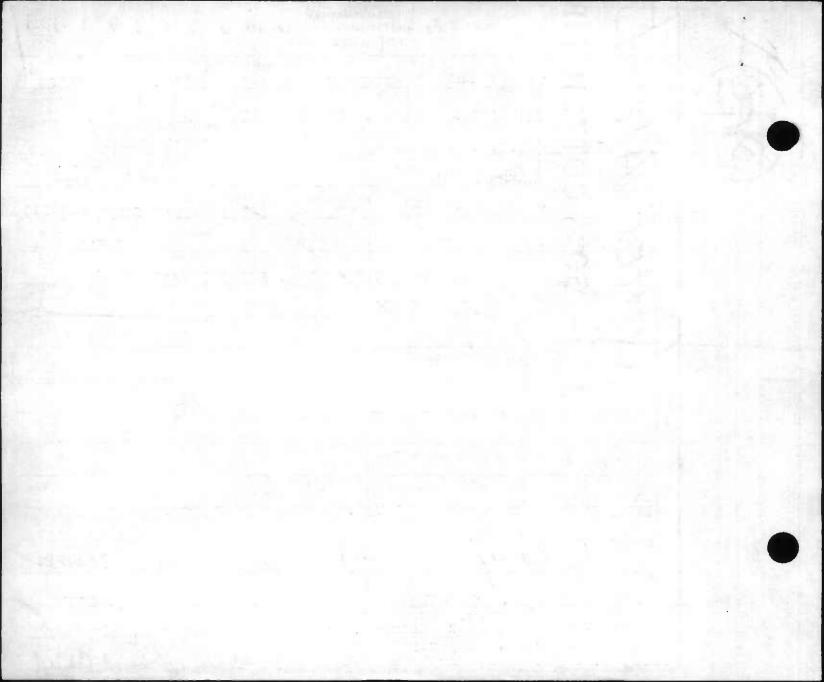
1	FOR STATE REGISTRAR			DEPARTA			IENE Ö	REG. NO.	la	9 0	3 3
		FIRST	M	MIDDLE	Į.	ASI	2a. DATE OF	F DEATH M	ONTH DAY	YEAR	2b HOUR
1	E ON TRINITY	GLADYS		NMI	771	EVENS		NA	v an	בם	AM
3. SE	X				5. DATE C	OF BIRTH	6 AGE INY	- U.X.	DAY) IF	UNDER YEAR	IF UNDER 24 HRS
			AUCAS	IAN			73		YRS.	VIHS DAYS	HOURS MIN.
		OR FOREIGN 76	CITIZEN OF V	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED				FDEATH	
M	INNESOTA	4	A . Z . U				MONT	GOMER	Y COL	JNTY	MD.
10. C	ITY OR TOWN OF	DEATH 11				OR OTHER INSTITUTION	120 USUAL	OCCUPATION	A A	12b. KIND O	F BUSINESS OR
			IZOHVA	PITAL			Cosme	tolog	ist		
JSU 3a.	AL RESIDENCE (IF P					1124 INISIDE CITY HAAITS2					
	MD.					YES X NO			OR CO	HRT ((20817)
14. F.		A4.1F	DIE						V.1. L V		- 21
	7 111 0 7		OLE		- 1 - 1			MIDDLE			
					RITY NO.	17 INFORMANT		ADDRESS	5	21417	
STATE REGISTAR REST MODILE MODILE REGISTAR REGISTAR											
re Mass	Conditions, if a gove rise to couse (a), sti	IMMEDIATE (DUE TO, OR DUE TO, OR DUE TO, OR	as a conseque	nce of	₹					
NO	PART 2 OTHER S	IGNIFICANT CO		NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASI	E OR CONDIT	ION GIVEN	IN PART 110	a · 1
LDECEASED NAME		OF DEATH?									
	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M	MONTH DA		21¢ HOW INJURY OCCURR	RED (ENTERNA	TURE OF INJURY H	N ITEM IB PART	OR PART 2)	
MED	WHILE NOT	MHILE			ARM ETC)			CITY OR TOWN		COUNTY	STATE
	sow the dece	eased alive an	JON DS	19	-	, 17	tala		, 19.	,	that (1) (we) last causes stated
	226 SIGNATURE	KI	muy			11) ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAL	N	22c. DATE :	NOV82
	22d. PHYSICIAN'S	NAME (TYPE OF PE	IINII	1		210 ADDRESS					

MC USNR 23a BURIAL, CREMATION, REMOVAL (SPECIF Cremation 23b DATENOV. 24, 1982 230 NAME OF CEMETERY OR CREMATORY

ATORY 23d LOCATION CHYORTOWN Alexandria.

250 DATE REC'D. BY REGISTRAR 150 UN STRANDON 150 AND Metropolitan Crem. 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral

Homes, P.A. Bethesda, Maryland 20814



FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6.5	200	1	678	. 7	1
2	in	4	O	3	0

1. DECEASED NAME	FIRST		MIDDLE	ı	AST		20. DATE OF DEATH		DAY YEAR	2b. HC	DUR	
(TYPE OR PRINT)	LORENCE	9	v	QП	ILL	140	1	INV.	1,1982	2	An ha	
3. SEX	TOURING	4 RACE	T.	5. DATE C			6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YE		IER 24 HRS	
FEMALE		WHIT	E	MONTH		FEAR	94	YR		S HOURS	MIN.	
70 BIRTHPLACE (STATE	E OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER M				IED 🔲	BALTIMORE CITY	OR COUN	NTY OF DEATH			
PENNSYLVA		U.S.		WIDOWE	DIVORC	ED 🔲			MD.			
SILVER SPR			T IN SUCH FACILITY, GIVE STREET ADDRESS)				120. USUAL OCCUPATION (TYPE OF WORKER MOST OF WORKING LIFE) INDUSTRY HOUSEWITE					
USUAL RESIDENCE (# 130, STATE MARYLAND		TGOMERY			138 INSIDE CITY LL	MITS?	36 STREET ADDRES	s PRE R	OAD			
14. FATHER'S NAME HENRY		MIDDLE	YOUN	G	15. MOTHER'S MAI FIRST MAF		MIDDLE			LAST CKT.FY		
160 WAS DECEASED I	VER IN U.S. AR	MED FORCES? VE WAR OR DATES)	170-22-		17. INFORMANT ROBERT H	. BOO	RMAN, NEP			TINEI MD.	RD. #104	
	immediate stating the ouse last. SIGNIFICANT	conditions co	R AS A CONSEG DINTRIBUTING TO DISCONSEGUE OF THE SECUENCE OF T	O DEATH BUT	HearT	F-a	NAL DISEASE OR CO	20b. IF	YES, WERE FIN	DINGS US		
TIERO							YES NO	- 1	RTIFYING CAUS	ES OF DE		
	_	ATH HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY	OCCURRE	ED (ENTER NATURE OF IN	JURY IN ITEM	18 PART I OR PART	?}		
(IF EITHER NOTE) 21d. IN JURY OC WHILE AT WORK	OT WHILE	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFIC	E, FARM ETC)	21f LOCATION STREET		CITY OR	TOWN	COUNTY		STATE	
saw the de	ceased alive ar	ital) attended the	19	82,01	DECREE		eath accurred on the		22c. DA	that (I) he causes	D	
24 PHYSICIAN	S NAME (TYPE	OR PRINT)	The Real	1	22e ADDRESS	N. P.						
Ray	mond T	. Benack	, M.D.		4115 Col	lie D	rive, Whea	aton,	Maryla	nd		
230 BURIAL CREMAT	ION, REMOVAL	23b. DATE	23	NAME OF C	EMETERY OR CREM	ATORY	23d. LOCATION				C1ATF	
CREMAT]	ON	11/1	/82 C	EDAR H	ILL CREMA	TORY	SUITLAN		PG.		MD.	
24 FUNERAL DIRECTO	OR Rd,	R CREI	n4 5701	SER	vices	25a NO	V 3 BY 1982	AR 25 AFC	TRAP'S GN	GRAVER	4	

CONNECTICUT AVE, IN.W. WASH. D.C

24 FUNERAL DIRECTOR
NAME
3520 CO

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital ar attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by this should be detached for use as the burial-transit permit. Then please remove carbanpaers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medica

DHMH - 16 50M 4/82 (VRA 15, 4)

As a District of the Control of the TOTAL TRANSPORT OF THE PROPERTY OF THE PROPERT

	1 1
17	
X	6
77	1
0	

director, page 3 nours ofter death

and completely filled

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion should be detoched for use as the buriol-transit permit. Then please remaye corban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remoyal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician njury, ar ather troumatic event,

IMPORTANT: If Hem 21 is marked ar Item 18 shaws any

230. BURIAL, CREMATION, REMOVAL Burial,

23b. DATE

Burial 11-27-82 Old St. Davis
14 FUNERAL DIRECTOR MARShall's Funeral Home
4217 9th St. NW, Washington, D.C.

STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

29

REGISTRAR		CERTIFICATE OF DEATH	REG. NO).	
1. DECEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
(TYPE OR PRINT) EUGEN	VIA INGLE	STONE	November	24, 19	82 11:40 RA
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HOAY) IF UNDE	DAYS HOURS MIN.
Female	White	December 22.	1950 31	YRS.	DATS HOURS MIN.
Ta. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY?	9. BALTIMORE CITY O	COUNTY OF DE	ATH
South Carolina	USA	WIDOWED DIVORCED	Montgome	ry Coun	ity, MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	IRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON 12b.	KIND OF BUSINESS OR
Bethesda	Clinieal Ce	enter, NIH	(TYPE OF WORK FOR MOST OF UK N	TO CITE Y	
USUAL RESIDENCE (IF NURSING HO 130, STATE			13e STREET ADDRESS	C 100	
North Carolina		ngton YES X NO		le Cour	t 28403
14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME		
James C.	Stone	e Do-	tty		Lamm
16a. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO. 17. INFORMANT C.	Stone ADDRE	SS	
no -	231-8	32-0773 Pt's Fath	er X 4	Murray	
	only one couse per line for (o), (b				BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS 2040 IMMEDI	Acute 1	ymphocytic leukemia		6	years
2040	DUE TO, OR AS A CONS	EQUENCE OF Pulmonary e	dema with fac	ial	
Conditions, if any, which	(intrapu	lmonary hemorrhage			
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF			
underlying couse lost.		esophagitis and se	pticemia		
	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	ITION GIVEN IN	PART Ito
Acute tubu	lar necrosis,	hepatomegaly			
11/23/82	196 CONDITION FOR WI	HICH OPERATION WAS PERFORMED	20a AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?
Acute tubu 19a DATE OF OPERATION 11/23/82 210. ACCIDENT WAS UNDERLYING	normal expl	oratory laparotomy	YES NO	YES 🔀	NO 🗌
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH		URRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR	PART 2)
OR CONTRIBUTING CAUSE OF D	CAIN	19			RESTOR AND
(IF EITHER, NOTIFY MEDICAL EXAMIN	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	211. LOCATION STREET	CITY OR TO	wn co	DUNTY STATE
AT WORK AT WORK					
		omNovember 6, 19_			
	November 24 Niview the body ofter death.	19. <u>8.2</u> , and that in (n) (our) opini	ion deoth occurred on the do	te and hour and t	rom the couses stated
22b. SIGNATURE	TETIN	DEGREE MD	D MEDICAL STAT	27	1/25 82
1 comment	- NO W	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	IAN	1/4/02
	E OR PRINT)			nter,	
ANTONIO	1. Folo	National	Institutes	of Hea	Ith

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION

Cem

NOV 29

COUNTY

STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

BP.

ing administration of the such

TO FUNERAL DIRECTOR.

DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG	REG. NO.	6. 9	
1. DECEASED NAME FIRST	MIDDLE	L	AST	26. DATE OF DEATH MO	ONTH DAY YEAR	2b. HOUR
RUTH			TRAUS	November :	3, 1982	10:45p M
3. SEX	4. RACE	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTHE	MONTHS DAY	
Female 76. BIRTHPLACE (STATE OR FOREIGN	White	10 -	- 29 - 1904	78	YRS. COUNTY OF DEATH	
New York	II C A	MARRIE	DE NEVER MARRIED	MONTGOME		440
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI			12a USUAL OCCUPATION	126. KIND	OF BUSINESS OR
Rockville	Potomac Val	ley Nu	rsing Home	Homemaker	VORKING LIFE) INDUSTR	
	TY ROCKY Spomery Rocky		13d. INSIDE CITY LIMITS? YES NO 🗌	4 Farsta Cou	urt; 20850	
Samue 1	Le viir	ne	Rosers MAIDEN NA	ME	Bro	N n
160. WAS DECEASED EVER IN U.S. A		9-7897	Dr. Donald	ADDRESS Straus;4 Fars		20850 ckville,Mo
Conditions, if any, which gove rise to immediate cause (a), starting the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	and ce	20g AUTOPSY?	alas	DINGS USED	
E C				YES NO	YES [NO [
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART T OR PART 2	n
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
saw the deceased alive a	of of view the body ofter death.	942 or	d that in (my) (ppinion			_, that (1) (we flost he couses stated TE SIGNED
224. PHYSICIAN'S NAME (TYPE	OR PRINT)	m	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	MONIGOM	erv
WAITENE.	GOOZH		2309 Sh	orefield 1	Rd WhenTo	a md
Burial, cremation, remova	11/7/82	MT. CA	RMEL (OLD)		;QUEENS;	NEW YORK
24. FUNERAL DIRECTOR DANS	ZANSKY-GOLDBI	r 3 3		TE REC'D. BY REGISTRAR 28	PEGISTRAR'S GIGN	Shirt

AGE TO THE PARTY OF THE PARTY O Solo I'm was presented A -36,467 a ligrance will be commented from within and a style and in during 28 8-21 E - 28 - 18 11 10 100 100 Marie The State of St AND THE RESERVE OF THE STREET, MAN THE . Notes to the control of the contro

		-		
		4	5	100
	1	9		
and the same				

STATE OF MARYLAND

3	0 2	0	13	:5	-7	10
3	2	2	7	O.	3	7
-	115.0			-		- 2

	FOR STATE REGISTRAR			HEALTH AND MENTAL HYD	GIENE 8 2 2	9 8 3 9
	1. DECEASED NAME (TYPE OR PRINT)	FIRST A	R. STU	BBLEFIELD	2a DATE OF DEATH MONTH	SZ 16 50 A
	female	white	5 DATE	OF BIRTH 28 1888	6 AGE (IN YEARS LAST BIRTHDAY) 94 YRS.	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.
3	76. BIRTHPLACE (STATEOR) Virginia	USA	WIDOW		P. BALTIMORE CITY OR COUNTY MONT GOD	_ /
0	BETHES!	DA (IF NOT IN SU	HOSPITAL, NURSING HOME HEACILITY GIVE STREET ADDRESS)	Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF housewife	12b. KIND OF BUSINESS OR INDUSTRY NOME
5	Maryland	Montgomery	ROCKVITTE	YES MO	13e STREET ADDRESS 11210 Rock Road	
1	14 FATHER'S NAME Bernard	A.DDIE	Thompson	Unknov		LAST
	160 WAS DECEASED EVER	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 263-82-2317	Clifton H. S	Stubblefield same	as 13e
	Conditions If any, gove rise to improve to stating underlying course. PART 2. OTHER SIGN	DUE TO, O which lost. DUE TO, O DUE TO, O DUE TO, O which lost.	R AS A CONSEQUENCE OF H AS A CONSEQUENCE OF DIVIRIBILITING TO DEATH BUT	es condior	INAL DISEASE OR CONDITION GIVE	APPRODUCTION OF THE PRODUCT AND DEATH 3 A CONTROL OF THE PRODUCT AND DEATH 3 A CONTRO
7	The DATE OF OPERAT	Charles and the second	ITION FOR WHICH OPERATIO	IN WAS PERFORMED	IN CERTIF	WERE FINDINGS USED YING CAUSES OF DEATH?

21h TIME OF INJURY

MONTH DAY YEAR

211 LOCATION

EDUNTY

DEGREE

accurred an the date and hour and from the causes stated

CITY OF TOWN

ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)
Paul T. Noone

21s. ACCIDENT WAS INDESCRING.

OF CONTRIBUTING | CAUSE OF DEATH

50 W. Edmonston Dr. Rockville, Md. 20852

23a BURIAL, CREMATION, REMOVAL Burial

23c. NAME OF CEMETERY OR CREMATORY

Arlington National Cemetery Arlington, Virginia

FUNERAL DIRECTP'yson Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville, Md. 20852

11/16/82

23b. DATE

Ye. PLACE OF INJURY

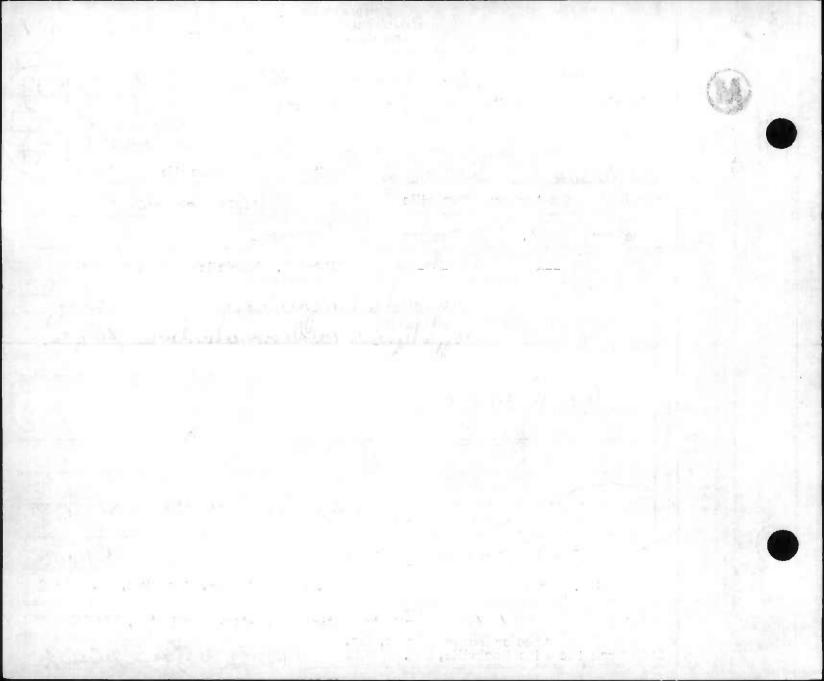
AT HOME, STREET, FACTOR'S CHICK, FARM, ETC. 3

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

FUNERAL DIRECTOR

PORTANT, If he ould be detach of the State De



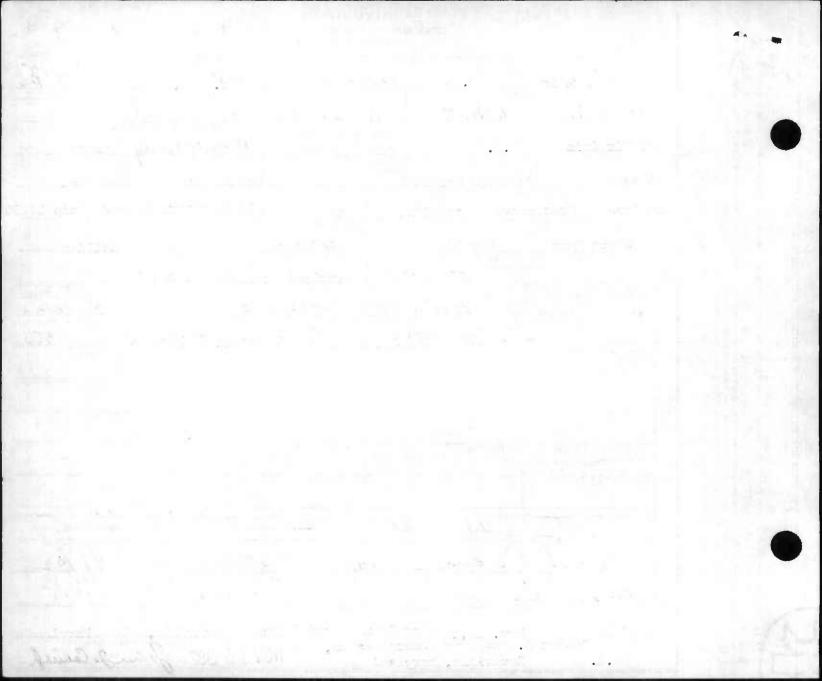
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 months to be a retained by the haspital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral director, powers should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

STATE OF MARYLAND

	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL H	YGIENE 8 2	NO.	9 8	4 0
9.19		CEASED NAME FIRST		MIOD.	· ·	AST _	2a. DATE OF DEATH		Y YEAR	26 HOUR
	TYP	EORPRINT) Lois	,	G	Stul	aha	Mana	0 1000		7/2.
	3. SE		4. RACE		5. DATE C		6. AGE IN YEARS LAST	8 1982 BIRTHDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
		temale	112	hit.	MONTH	- 24 -35	× 41.		NIHS DAYS	HOURS MIN.
600	7a. B	IRTHPLACE STATE OF FOREIGN	7h CITIZEN OF	WHAT COUNTRY	2 8	24-55	9 BALTIMORE CITY	YRS.	FDEATH	
\$15	Me	country) est Virginia			MARRIE	D NEVER MARRIED	I m I			
6		ITY OR TOWN OF DEATH	U.S.A		WIDOWE NG HOME C	D DIVORCED [12a USUAL OCCUP	conery	Count	Y MD.
170			(IF NOT IN SU	CH FACILITY, GIVE STREE	T ADDRESS)	N OTTER INSTITUTION	ITYPE OF WORK FOR MOS		INDUSTRY	P BUSINESS OR
5		thesda	Suburba	an Hospital		Homemaker		own Ho	me	
136	Ма		gomery	13c. CITY OR TOV Rockvil		13d. INSIDE CITY LIMITS?	131 STREET ADDRES	s avilah R	oad	zip 2085
The state of	14. FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN I	MIGDLE		LAS1	
100		Hubert Kerr		rtin		Lodeemy	Model		Co111	
lico		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADI	RESS		
ned H	no			217 32	0730	Courtland S	Stubbs 8	see # 13		
# 1		18 CAUSE OF DEATH (Enter	anly ane couse pe	r line far (o), (b), o	nd (c).)				APPROXI	MATE INTERVAL
e ve		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	HEPB	MC	FAIL	URE		40	NEEKS
mofic		1749		R AS A CONSEQU	JENCE OF	C BRE	NET (ANCER	20	18401
tro.		Conditions, if any, which gave rise to immediate	(b)_	1116/175	1711	C DICE	93/1 01	Trock	1	0111
or othe		couse (a), stating the underlying cause last.	DUE TO, C	R AS A CONSEOL	JENCE OF					
٧. ٥		PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	NDITION GIVEN	IN PART 110	11
. <u>5</u>	O									
È 7	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	WERE FINDIN	GS USED OF DEATH?
è de la companya de l	RT						YES NO	YES		NO 🗌
80		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME O	YRULMI TO .M. MONTH D	AY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF IT	JURY IN ITEM 18 PAR	1 OR PART 2)	
F =	CAL	(IF EITHER NOTIFY MEDICAL EXAMIN		.M.	19					
or He	MEDICAL	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE,	FARM FIC)	21f. LOCATION STREET	CITY OF	town	COUNTY	STATE
morked	2	AT WORK NOT WHILE						/		
E S		22a.1 certify that (I) (thishas				, 19_8	O , to	8 19	52	that (I) (we) lost
21		saw the deceased alive of obove, (1) (we) (did) (did-	on ///	ofter death	82, or	nd that in (my) (our) opinio	on death occurred an the	dote and haur a	nd fram the	causes stated
#e#		226. SIGNATURE		oner deam.	[DEGREE			22c. DATE	SIGNED
± :		Deniel	1000	enll_	/	MO ATTENDING		TAFF SICIAN []	11/8	18)
N A		224. PHYSICIAN'S NAME TYPE	OR PRIVIT)					NECTIC	T A1	1
MPORTANT: If them 21		DANIEL	ROSEN	JBLUM			ENSINGTON			595
3	23a E	BURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATOR	Y 23d LOCATION		COUNTY	STATE
_		Burial	Nov.	11.198 Pa	rklaw	n Memorial P				arvland
4/B2	24. FI	UNERAL DIRECTOR Robert	A. Pum	hrey Fur	eral I	Tomog 25a. D	ATE REC'D. BY REGISTR.		R'S SIGNATI	
		P.A.	Rockv	ille, Mar	yland	N	10V 1 5 1982	John	- g- a	mule

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.



	1	1	7	-
	V.	0		
1	۳			

IMPORTANT: If Hem 21 is marked or Hem TO FUNERAL DIRECTOR: After this should be detoched for use as the him with the State Dept. of Health and the

		FOR	
1	_	STATE	
		REGISTRAR	

STATE OF MARYLAND

63	13	0
2	2	7

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE NOV 1 2 1982

	1 - STATE REGISTRAR	DEPARI	CERTIFICATE OF DEATH	REG. NO.	7 0 7 1
4	I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	ELIZAB	ETH SMITH STUMP		NOVEMBER 8 1982	1:30 a _M
1	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	FEMALE	CAUCASIAN	JÜNE 24 1910 YEAR	72 _{YRS.}	MONTHS DAYS HOURS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
¥	SOUTH CAROLINA	UNITED STATES	WIDOWED NORCED DIVORCED	MONTGOMERY	MD.
	BETHESDA	NAVAL HOSPITA	TADDRESS)	TO USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIE HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY
2	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 138 COUN FAIR	VITY 13c CITY OR TOW		7012 ARBOR LAN	IE
1	14. FATHER'S NAME ROBERT DAVID	SMITH LAST	FRANCES E	MMA SETŽER	LAST
	160 WAS DECEASED EVER IN U.S. AR		URITY NO. 17 INFORMANT	ADDRESS	22101
1	(YES NO OR UNKNOWN) (IF YES GIV	160-38	-6793 FRANCES STUM	P, 7012 ARBOR LA	NE, MCLEAN, VA
	Conditions, if any, which gave rise to immediate cause ioi, stating the underlying cause lost: PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	GATIVE SEPSIS DEATH BUT NOT RELATED TO THE TERM		
4	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
1	OR CONTRIBUTING CAUSE OF DEA	P.M.	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, 9	
	AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F		CITY OR TOWN	COUNTY STATE
١	sow the deceased alive an abave, (we) (did) (did not	NOVEMBER 8 19		, toNOVEMBER_8_, death occurred an the date and hav	19_82, that (I) (we) last r and from the causes stated
	22b. SIGNATURE 221 PHYSICIAN'S NAME (TYPE OF	Geome LT M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 8 NOV 1982
		A, LT, MC, USNR	MEDICAL CENT	THOSPITAL, NATION	
	230 BURIAL, CREMATION, REMOVAL (5 Burial	23b. DATE 11-10-82 23c. A	NAME OF CEMETERY OR CREMATORY Trington National	23d LOCATION CITY ATTINGTON,	

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

Art ington Funeral Home, 3901 N. Fairfax Dr.

minight? .margilfor francisc destructed of 61 15 And the property of the last the same and th O FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and campletely filled in by the silvent hauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with 172 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or ather traumatic event, the

MPORTANT: If them 23 is marked or them 18

STATE OF MARYLAND

NOV 2 9 1982

29

1.	FOR STATE REGISTRAR	D		EALTH AND MENTAL	0 6	G. NO.	2 9 8	42
(TYPE		nche A	Sto	is .	Nov.	21.	1982	26 HOUR 37
3. SE	EMALE	LUNITE LUNITE	S. DATE O	F BIRTH	AGE (IN YEARS LA	YRS.	MONTHS DAYS	HOURS MIN.
70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CIT	GOME		MD.
Per	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, UF NOT IN SUCH FACILITY G ENSINGTO	IVE STREE ADDRESS)	W. LURSING	(TYPE OF WORK FOR M			PF BUSINESS OR
	11 1911	manufacture of the second seco	CE BEFORE ADMINISTRAL	13d. INSIDE CITY LIMIT	5? 13e. STREET ADDRI	O BER	on S-	7079. T,
16a V		TONG ALEX	AL SECURITY NO.	15. MOTHER'S MAIDER FIRST TRANCES 17. INFORMANT	MATILE	DDRESS	1cfa0	DEN
	18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA! Conditions, if any, which gave rise to immediate cause in stating the underlying cause last. PART 2 OTHER SIGNIFICANCO	D BY: TE CAUSE (o) OR AS A CO (b) DUE TO, OR AS A CO (c) (c)	NSEOUENCE OF		er Leonard Lexesie	ila	APPROXIBET WEEN	erk
CERTIFICATION	190 DATE OF OPERATION	eurreit	choles	N WAS PERFORMED	TERMINAL DISEASE OR (20b. IF Y	ES, WERE FINDIN	NGS USED
MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE WHILE AT WORK	HOUR A.M. MON	19	21¢ HOW INJURY OC	YES NO		YES COUNTY	NO [
	226. SIGNAT	ottended the dereosed	19 FZ , an	DEGREE	nian death occurred on the	STAFF	221. DATE	
/FY	BARRY N.	ROSEN BA	WE NAME OF S	METERY OR CREMATO	GUSING TO	. / /	/ ,	2895

DHMH - 16 50M 1/81 (VRA 15, 4)

etoined by the hospital or attending physicion.

ST AND AND STANFOLD STANFOLD Market Carry and to see 15 and Lower Miller L. and the control of th Means of School The × The statement of the st Mily a great Range Bullet

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be then the State Dept of Health and Menial Hygiene prior to buriol, cremation, or removal.

injury, or other troumotic event, the medical exam

IMPORTANT: If Item 21 is morked or Item 18 shows ony

STATE	OF	MARYLAND	
JIMIL	O1	MARILAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

	1-	FOR STATE REGISTRAR			DEPARTI		HEALTH AND MENTAL H	0	2 REG. NO.	2 9	8	4	3
		CEASED NAME	FIRST		<u> </u>		LAST	20 DATE OF DE		DAY	YEAR	26 HOU	R
	TITPE	OR PRINT!	BUDNA	H SUKH	UCHAND (1	RAMPE	RSAUD)		11	14	82	3:08	32
i	3. SEX	DODNAL					OF BIRTH	6 AGE (IN YEARS		IF UNDE		IF UNDER	-
		Male		White		March 19,1907		75	YRS	MONTHS	DAYS	MOURS	MIN,
200	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Guvana			7b. CITIZEN OF WHAT COUNTRY? Guyana		8. MARRIED MEVER MARRIED WIDOWED DIVORCED		9' BALTIMORE CITY OR COUNTY OF DEATH Montgomery County MD.					
G	10 CI	lney, MD		11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HISPATCH IN SUCH FACILITY, GIVESTREET ADDRESS) Montgomery General H			OR OTHER INSTITUTION	CUPATION R MOST OF WORKING	ON 126 KIND OF BUSINESS OR				
)	130. 5	AL RESIDENCE (IF NURS	13b COUN Mon	ITY	Rockvil	/N	13d Inside City Limits? Yes 🔀 NO 🗌	1312	ORESS Viers l	Mil1	Ro	ad	
1		FATHER'S NAME FIRST MIDDLE LAST LAST LUCILL LAST LUCILL LAST LUCILL LUCI						MIDDLE Chut Khan					
	(1	WAS DECEASED EVER IN U.S. ARMEI (YES, NO OR UNKNOWN) (IF YES, GIVE W)		MED FORCES? WAR OR DATES) None		Sookri Rampersaud (Wife))Sam	Same as above			
		Conditions, if any, which gove rise to immediate couse to l. stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO					alu NOI RELATED TO THE TE	bylus	R CONDITION (SIVEN IN P	16 16	^	
-	NO												
7	CERTIFICATION	10-25 EV Children to Children to Children to Children to			Myste	OPERATIO	ON WAS PERFORMED					H?	
		OR CONTRIBUTING	IDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCUR 21b. TIME OF INJURY OCCUR 21c. HOW INJURY OCCUR 21c.						OF INJURY IN ITEM II	B PART I ORF	PART 2)	11	
	MEDICAL	21d. INJURY OCCURE WHILE AT WORK NOT WH AT WORK	URY OCCURRED 216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 217. LOCATION STREET CITY OR TOWN							ĊOU	INTY	ST	ATE
	220. I certify that (1) (this bospital) attended the deceased from 11-2', 19-22, to 11-14, 19-22, that sow the discosed give an 11-14, 19-22, and that in (my) (our) apprior death occurred on the date and hour and from the cause above, (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)								hot (1) (%	.,			
	V	27b. SIGNATUR	GNATURE DEGREE ATTENDING						MEDICAL STAFF DIRECTOR PHYSICIAN 11-14-52				
		22d PHYSICIAN'S NA Mi		Sulki	Ln .		22e. ADDRESS 18111 Pr	ince Ph	ilip D	r.01	ney	, Md	
1	23a B	URIAL, CREMATION,	REMOVAL	23b DATE	0 / 0 0 23t N	NAME OF C	EMETERY OR CREMATOR	23d LOCATIO	N				

DHMH - 16 50M 1/B1 (VRA 15, 4)

11/18/82 Removal

Stanleytown Cemetery New Amsterdam UNIT Guyana IATE

Himes/Rinaldi 11800 N.M. Ave, S.S.Md.

NOV 16 1982

Carry, 221 - Carry Daniel Court Community and the Court Court Court

AND SECTION OF THE RESIDENCE OF THE PARTY OF

12 C-13

e de la composition della comp

normal and a series of the ser

Entrol by and an in the state of the state o

and the second of the second o

				STATE OF MAKTLAND		a a a a E
	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rgiene 8 2	2 9 5 4 3
		ASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(TYPE O	Geraldine	V.	Summers))	10 82 11:27A
3	SEX	ocime	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
		Female	Black	MONTH DAY YEAR 47	35 YR	MONTHS DAYS HOURS MIN.
50 7		HPLACE	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
ZΙ	F	Locida SA	USA	WIDOWED DIVORCED	Montgome	ery MD.
T	0 CITY	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
4	10	akoma tark	Washington	Adventist the	(TYPE OF WORK FOR MOST OF WORKING	Nursing
1	USUAL 130, SI	RESIDENCE (IF NURSING HOME OR ATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR		13. STREET ADDRESS	
2		rginia		News YES INO [130. STREET ADDRESS	u St.
1	4 FAT	HERS NAME	MIDDLE, LAST	15. MOTHER'S MAIDEN N	1110000	LAST
		William .	D. Felder	FIRST EV	a Fridar	MITCHELL
2		AS DECEASED EVER IN U.S. AR	MED FORCES? 165 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS	
1	(12.	NO.	075 38 7	373 FRANK SUMME	RS SAME AS 13	
F	1	CAUSE OF DEATH Enter on	ly one cause per line for (a), (b) or			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		PART I DEATH WAS CAUSE	E CAUSE (0)	revalised car	Quoung To	12 Clearth
	- 1	1749		success.		
THE P	- 1	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	read areces	(Letter askerton	1/11
		gave rise to immediate cause o, stating the	(6)		V Taca II copies	7
		underlying cause last	DUE TO, OR AS A CONSEOU	ENCE OF		
	7	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	PANINAL DISEASE OF CONDITION	CIVEN IN DART IV
	Z		·	DEATH BOTH OF RELATED TO THE TER	MITAL DISEASE OR COMMINGIA	SIVEIN IN PART TIO
5	TA I	DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b IF	YES, WERE FINDINGS USED
4	띨				YES NOT	TIFYING CAUSES OF DEATH?
	CERTIFICATION	10. ACCIDENT WAS UNDERLYING		21¢ HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM	
		OR CONTRIBUTING CAUSE OF DEA		AY YEAR	- 1 4	J
	MEDICAL	(IF EITHER NOTHY MEDICAL EXAMINER	21e PLACE OF INJURY	19 21f. LOCATION		
I		WHILE NOT WHILE	(AT HOME STREET FACTORY, OFFICE, I		CITY OR TOWN	COUNTY STATE
		T WORK AT WORK	tal) attended the deceased fram_	10.2. (1032	- 77.18	0.
	· ·		A A	20	n death occurred on the date and I	, 19 that (I) (me) last
	1	sow the deceased alive an abave, (1) (we) (wild) (did not 2b. SIGNATURE	t view the body after death.		in dealir occorred on the date and t	ndur and from the causes stated
ı	13	Dida M. C.	Brown	DEGREE ATTENDING	MEDICAL STAFF	THE DATE SIGNED
4	4	2d PHYSICIAN'S NAME TYPE OF	- vericing	PHYSICIAN	DIRECTOR PHYSICIAN	1.7.0
	ľ	Fin BR	ENMVALD	831 Lleer	ent blook	- Steen gives
2		RIAL, CREMATION, REMOVAL	236 DATE 23c I	NAME OF CEMETERY OR CREMATORY	236 LOCATION	17
	(SP	BURIAL	14 C 11011 00 1111	MPTON MEM. GARDEN	HÄMPTON, VI	RGINI'A
		ERAL DIRECTOR	8	14 Franklin St 259 PA	ATE, REC'D BY PEON RAR IST RES	
1	GR	EENE Finenol Ho	nc Alexan	dreava. No	1 1 2 1205 Lang	
	-		1010011	Of ot My	4	

The Market was the Cartest and the THE PERSON OF THE STATE OF A SAME TO THE PARTY OF